City of Bradford Metropolitan District Council

Valley View Court

Inspection report

Scatcherd Drive
Oakworth
Keighley
BD22 7NU

Tel: 01535618635

Date of inspection visit:
10 July 2023
11 July 2023

Date of publication:
15 September 2023

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Valley View Court is specialist care home service without nursing. They provide personal care and rehabilitation for older people, some of who are living with dementia. Valley View Court provides support to people living with dementia through the short-term cognitive impairment assessment beds, as well as rehabilitation support through the rehabilitation and escalation beds they have available. The care home accommodates people across 5 separate wings, each of which has separate adapted facilities. At the time of inspection 2 of the wings were closed to admissions. The service is registered for up to 50 people and the time of inspection there were 26 people using the service.

People's experience of using this service and what we found

People were not always safe. People were at risk of harm as the provider had not always identified, assessed or mitigated risks. Medicines were not managed safely. The lack of appropriate care placed people with high nutritional needs at risk of harm.

Management and oversight of the service had failed to robustly identify improvements needed to ensure safe care. Systems and processes were not always effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service. The provider had multiple quality monitoring processes in place, but these did not always identify and address the issues we found during the inspection. This placed people at risk of harm.

Inconsistent and ineffective care assessment meant people did not always receive person-centred care and care records did not fully reflect their needs. This was compounded by the provider and on site health care professionals having different electronic care recording systems. Whilst staff were kind and caring care records produced were task focused.

Recruitment processes prior to employment were safe and new staff received an induction programme. Most staff had completed a range of training which gave them the skills and knowledge to care for people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests.

People and their relatives generally told us they liked the service.

We noted the provider was still in the process of addressing concerns we found at our last inspection. However, the registered manager took action to update practice following feedback we highlighted during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was inadequate (6 January 2023) and there were breaches of regulation.

At the last inspection, the provider was in breach of 5 regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained inadequate based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Valley View Court on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to medicines, managing risk, mental capacity, assessment principles, and good governance at this inspection. We have made recommendations about; recording and monitoring of staff training, care settings for people living with dementia, activities that are socially and culturally relevant to reablement and care planning.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not effective. Details are in our effective findings below.	**Inadequate**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Valley View Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out on the first day by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection 1 inspector visited the service. Another Expert by Experience also carried out telephone calls with relatives and other people who are important to people using the service.

Service and service type
Valley View Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Valley View Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 10 July 2023 and ended on 27 July 2023. We visited the service on 10 and 11 July 2023.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service and sought feedback from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection
We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 11 people who used the service about their experience of the care provided and 10 relatives. We spoke with 6 members of staff including the registered manager, deputy manager, senior staff, care staff. We reviewed a range of records. This included 12 people's care records and multiple people's medication records. We looked at 6 staff recruitment files and a variety of records relating to the management of the service, including policies and procedures. We continued to seek clarification from the provider to validate evidence found following the inspection.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicine management systems were in place. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed or stored safely.
- Records showed people were not administered medication as prescribed. For example, people who needed to have medication a specified time before food intake, had not been given their medication correctly. Guidance about how a person should be positioned when a medication should be taken had not been clearly identified.
- For people prescribed medicines to be administered when required (PRN) we found there was not always protocols for staff to follow. There were discrepancies in paper based and electronic records used to manage PRN medication.
- Medication cabinets, whilst secure had not been labelled or divided to ensure safe management of medicines. Prescribed medicines, unlabelled and unboxed, along with an empty box of medication were found in a locked cabinet in one person's room.
- Quality assurance processes had failed to effectively identify and address the issues identified during this inspection.

The provider had failed to ensure safe medicine management systems were in place. This was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure robust risk management processes were in place. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Risks to people were not assessed and managed safely.
● Risk assessments were not personalised and did not contain control measures or guidance to staff. For example, where risks had been identified, such as aggression we found some people did not have behaviour care plans in place. This meant staff did not have guidance on how to support, monitor and manage occasions of aggression and this placed people and staff at risk of harm.
● We are not assured appropriate monitoring was in place, for example, food and fluid intake charts showed people were not being offered high calorie snacks between meals in accordance with care plans.
● Accidents/incidents were clearly recorded however, actions detailed to do following incidents were not always completed. For example, where a physical altercation between 2 people using the service had taken place, the outcome of the incident form was that all care plans were updated. However, this was not the case.

The lack of robust risk management processes meant people were not protected from harm or injury. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Systems were in place to ensure the environment was safe. Safety checks of the premises and equipment were up to date.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the lack of action taken to investigate unknown bruises and act on concerns meant people were not protected from the risk of harm or abuse. This was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● People and relatives generally told us they felt safe and were confident concerns would be addressed. One relative raised a concern during the inspection and we raised a safeguarding alert with the local authority. The provider took immediate action to address the concerns.
● Staff received safeguarding training and staff we spoke to said they would report any concerns to the management team.
● Safeguarding incidents were recognised, reported and acted upon to protect people from harm. Incidents had been referred to the local authority safeguarding team and notified to CQC.

Staffing and recruitment
● There were enough staff to meet people's needs and keep them safe.
● People and relatives were generally happy with the staffing levels. One relative told us, "The ratio of staff always seems very good."
● Safe recruitment processes were in place. Pre-employment checks had been completed including with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions at the time of the inspection.

Inadequate

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people's care and support was delivered in line with the MCA. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working within the principles of the MCA.
- Mental capacity assessments and best interest decisions were not in place for some people despite having restrictions placed on them. For example, a number of people had sensor mats in their rooms, however, the appropriate authorisations were not in place.

The provider had failed to ensure people's care and support was delivered in line with the MCA. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

● We were not assured people with high nutritional need and/or specific dietary requirements had their food intake monitored adequately. For example, we saw multiple examples where care records showed no record of people being offered or having had high calorie snacks between meals as directed by their care plans. Records also showed one person was not always provided with vegetarian food as they wished. The nutritional value of meals/food being brought by relatives for people with nutritional needs was not being consistently recorded. This placed people at risk of harm.

The failure to ensure maintain an accurate, complete and contemporaneous record in respect of the care and treatment was a breach of continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed people had pleasant mealtime experiences and were provided with choice and of food and drink, which looked well-presented and plentiful.

● The feedback from people about the food and drink provided was generally positive. One person told us, "I enjoyed lunch today. They give us nice meals. They give us a choice, then we please ourselves. We get plenty. If you ask for anything, they do their best to get it."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the support, training and supervision necessary for them to carry out their roles. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations
2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● New and existing staff completed the provider's ongoing mandatory training as well as specialist training to meet people's needs. The provider had established systems to monitor staff training to ensure all staff completed and refreshed their training in a timely way. However, some of the information we reviewed was contradictory.

We recommend the provider consider current guidance on recording and monitoring of staff training and take action to update their practice accordingly.

● Staff had access to supervision, appraisal and regular competency checks. Staff told us they had the necessary training to undertake their role in a safe way.

● The provider had reviewed staffing and management structures since the last inspection and taken steps to reduce the use of agency staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's needs were not always appropriately assessed and their needs were not clearly reflected within their care plans. For example, one person had been admitted 6 days prior to inspection however their care plans had not been completed. This placed people at risk of not having their needs met.

We recommend the provider consider current guidance on the timely creation of care plans for short term admissions and take action to update their practice accordingly.

● Some advice and guidance provided by health care professionals was not always incorporated or available in people's care records, as it was kept in a different electronic care record system, not accessible to all staff. The registered manager told us they were reviewing systems to ensure sharing of care records between teams as appropriate.
● Some people had 'rehabilitation diaries' these showed how healthcare professionals such as physiotherapists were supporting people to become healthier and more independent, ready to go home where appropriate.

Adapting service, design, decoration to meet people's needs
● The purpose-built service was well-maintained, well-decorated, light and spacious. The assessment units were specifically for people living with dementia; however, there were limited adaptations made to support people living with dementia.

We recommend the provider consider current guidance on care settings for people living with dementia and take action to update their practice accordingly.

● People were able to bring small items to make their rooms more personal.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
- There was a lack of detail around the plan of care for people, their journey and goals whilst in the service, and how this would be implemented to ensure people achieved their desired outcomes.
- We observed many examples where people were supported to be involved in decisions about their care and given support to express their views.
- We saw staff offer people choices – be it choice of food, drink, where they wanted to sit, what they wanted to do.

Ensuring people are well treated and supported; respecting equality and diversity
- We saw many examples of staff approaching and responding to people in a kind and caring way and staff appeared to know people well.
- People appeared well groomed and appropriately dressed in footwear.
- People we spoke to told us they were treated well, and staff were caring. One person told us, "They are caring and respectful." And another said, "They are nice with me, they are brilliant. Very caring. Nothing to worry about."

Respecting and promoting people's privacy, dignity and independence
- Staff were aware of the laws regulating how companies protect confidential information. Electronic and paper care records were kept securely.
- Staff were able give us examples of how they maintained people's privacy and dignity particularly when providing personal care.
- We observed staff speaking to and listening to people in a polite, respectful and responsive way at all times.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Where people had 'rehabilitation diaries' their goals centred on functional tasks and mobility.

We recommend the provider consider current guidance on activities that are socially and culturally relevant to reablement and take action to update their practice accordingly.

● People did not always have plans in place for how they wished to structure their time. We observed this meant people spent long periods of time sitting in their rooms, in communal areas. However, some people were able to access the communal gardens with support from staff where appropriate. One person told us, "They haven't talked about anything to do during the day. Nothing about crafts or anything like that. I'm just being looked after. I haven't been outside, but I was asked if I wanted to go in the garden."
● The registered manager told us they had a plan to improve activities at the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care plans were not always completed in timely way and lacked detail or personalisation for staff to follow.
● Care plans were in place, however they did not always reflect the care and support actually delivered to people by staff.
● People's care plans contained person-centred information. However, not all the information was fully completed, and different parts of the information contained contradictory information.

We recommend the provider consider current guidance on care planning and take action to update their practice accordingly.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● We were not always assured people's communication needs had been assessed and therefore we could not be sure they were always being met.

● The provider understood the requirements of the accessible information standard and could make information available to meet people's communication needs.
● Staff were able to discuss how they supported people with the communication needs and preferences.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure in place. Where complaints had been raised these were investigated and responded to in line with the providers policy. The registered manager had an overview of all complaints received.
● Some people told us they were not aware of how to make a complaint. However, they and all people we spoke to told us they had not had the need to raise any complaints.

End of life care and support
● The provider had an end of life policy and the registered manager was able to tell us how people would be supported at the end of their lives in a caring, dignified, compassionate and pain free way.
● No one in the home was receiving end of life care at the time of our visit.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Whilst there had been some improvement since our last inspection significant continued shortfalls were identified at this inspection. There were continued breaches in relation to risk management, medicines, and mental capacity assessment principles. These issues had not been identified and addressed through the provider's governance systems.
- Governance systems where not always effective in ensuring oversight of the safety of the service. Whilst auditing systems were in place and were carried out regularly, they did not highlight and address the inconsistencies we found on inspection. For example, discrepancies in the management of medication and some people's nutritional needs not being recorded as required.
- The registered manager had a generally good understating of regulatory requirements. However, there were significant shortfalls in meeting regulatory requirements, which included some people being deprived of their liberties and some did not always have their needs assessed. This may have placed people at risk of harm.
- Records of people's care were not always personalised and lacked detail. Daily notes were recorded in a task focussed way and did not always provide detailed information. This was compounded by on site health care professionals having separate but related care records supporting people's reablement. This meant information was not always consistently shared in relation to people's well-being.
- There was evidence to show how lessons learnt were being used to improve the quality of the service. However, we found that actions required after incidents were not always followed up.

Systems to record, assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During discussion and feedback from the inspection the registered manager responded in addressing areas of the concerns raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● We saw many examples of person-centred care and people and their relatives we spoke to told us they generally liked the home. However, in contrast the failings we identified in safe and effective care meant we could not be assured there was a positive and person-centred culture.

● We observed how staff worked well together and provided good care for the people in the service. Staff told us they felt supported.

● People we spoke to said they mostly like the home. One person said, "It's nice here. I like the staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● We found some evidence of recent engagement of people by the provider. The registered manager told us how this was being progressed in each wing of the service.

● Staff told us that there were staff meetings. They told us they felt comfortable raising concerns and that they would be listened to and concerns addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

● Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.

Working in partnership with others

● We saw examples how the provider worked in partnerships with on site and external health care professionals to ensure people's health needs were being met.

● We observed how health care needs were raised in a daily meeting, to ensure people's care needs were being met by other health care professionals, such as district nurses. One healthcare professional told us that staff were generally proactive in highlighting people's changing needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people's care and support was delivered in line with the Mental Capacity Act (MCA) 2005.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Service did not always manage medicines safely. Systems in place to manage medicines were not always safe or effective.

The enforcement action we took:

Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) (2)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems to ensure compliance with the regulations, and systems to assess monitor and improve the service were not established and operated effectively.

The enforcement action we took:

Warning Notice.