

Ashville Care Limited

Ashville Care Home

Inspection report

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Tel: 01274613442

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Ashville care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashville accommodates up to 29 people in one adapted building. Accommodation is provided on two floors with lift access between each floor. There are four communal areas on the ground floor which includes a large dining area.

This inspection took place on 7 November 2018 and was unannounced. At the last inspection in September 2017 we rated the service Requires Improvement. We found further work was required to the environment to make it pleasant and staffing levels needed increasing as there was no activities co-ordinator and people lacked interaction and stimulation.

At this inspection, whilst activities staff had now been recruited, we found the quality of the environment had deteriorated. We identified a number of risks associated with the environment and which had not been identified and rectified by the provider. Risks associated with the environment had been a long-standing concern in the service, for example at the April 2016 and February 2017 inspection. We also found the quality of care planning and nutritional care planning needed improvement and some risks to people's health and safety were not assessed and mitigated. Action was needed to improve governance and quality assurance procedures to help drive sustained improvement of the service. Because concerns over risk management and governance were long standing and demonstrated a lack of action to sustain acceptable practice, we rated the service 'Inadequate' overall and in the Is the service Safe? And Is the Service Well Led? domains.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and health professionals provided positive feedback about the service and said it met individual needs. Systems were in place to protect people from abuse and improper treatment. Some risks to people's health and safety were assessed and risk assessments put in place to guide staff. However, we found some instances where safe plans of care were not followed. We found numerous risks associated with the environment, including poor or defective lighting, and bathroom taps which were not working.

Overall medicines were managed safely. A new electronic system was in place which reduced errors and helped ensure people received their medicines as prescribed.

There were enough staff deployed to ensure people received appropriate care and supervision. Staff were recruited safely to ensure they were of suitable character to work with vulnerable people. Staff received a range of appropriate training and told us they felt well supported.

Overall people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, practices relating to covert (hidden) medicines needed review. People were given choices on a daily basis and people were listened to.

Some improvements were needed to the management of nutrition to ensure people's needs were consistently met. Care planning around nutrition and the monitoring of people's food input was not sufficiently robust. There was a lack of information to show why decisions relating to the consistency of people's food and drink had been made.

Staff were kind and caring and treated people well. People were treated equality and we saw no evidence of discriminatory practices.

The service liaised with a range of healthcare professionals to meet people's needs. Care plans needed to be made more person centred and consolidating to make them more accessible to people and staff.

A system was in place to log, investigate and respond to complaints. People, relatives and staff said the registered manager was approachable and listened to them.

Systems to assess, monitor and improve the service were in place but they needed to be more robust. Issues we found should have been identified and rectified through the operation of robust systems of quality assurance.

People's feedback on the service was sought although there were no resident or relative meetings held.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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."

We found three breaches of regulation. You can see what action we asked the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

A number of risks to people's health and safety were not appropriately assessed and/or mitigated for example around nutrition.

The building was poorly maintained with several risks identified that could impact on people's safety and wellbeing.

Overall medicines were managed safely, however some minor improvements were needed to the operation of the new electronic medicine management system.

There were enough staff deployed to ensure people received appropriate care and support. Staff were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some improvements were needed to the management of nutrition to ensure people's needs were consistently met.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received a range of training which was relevant to their role as a care worker. Staff said they felt well supported.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Maintenance and repair work should have been carried out to the building in a timely way to demonstrate people were treated with dignity and respect.

Feedback about staff was positive from people, staff and health professionals. We observed staff were kind and compassionate towards people.

People were listened to and their views used to inform future care practice.

Is the service responsive?

The service was not always responsive.

Care plans were too generic and did not provide enough person-centred information on people's needs. They also needed consolidating to make them more accessible to people and staff.

People received a range of activities provided by dedicated staff.

A system was in place to log, investigate and respond to any complaints.

Requires Improvement 

Is the service well-led?

The service was not well led.

The service needed to improve its approach to quality, to ensure that a consistent high performing service was provided. The issues we found on inspection, should have been identified by the service through robust audit and checking procedures. Similar risks associated with the environment had been identified on past inspections and were apparent again on this inspection.

People, relatives and staff said the service was well managed and the registered manager approachable.

People's feedback on the service was sought through care plan reviews and annual questionnaires, although resident meetings were not held.

Inadequate 

Ashville Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 November 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority Commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with two people who used the service, three relatives, the cook and four care workers. We also spoke with the registered manager. We spoke with two health and social care professionals who work with the service. We reviewed elements of four people's care plans, medicine records, and other records relating to the management of the service such as training records and audits and checks.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the mealtime experience, activities and how staff interacted with people throughout the day.

Is the service safe?

Our findings

We found the premises was not maintained to ensure the safety of people living there. This was a long-standing concern within the home. For example, when we inspected the service in February 2017 we found a number of risks associated with the environment. At the last inspection in September 2017 some improvements had been made, however we made a recommendation that further redecoration and maintenance of the premises was required in order to provide a suitable and desirable area for people to live. At this inspection, we once again found a number of risks associated with the premises which had not been pro-actively addressed by the provider or manager.

In particular the communal areas of the building needed improving to make for a pleasant living environment. The skirting and doors were damaged in many areas with paint work chipped or marked. The bathroom next to the stairs had a tile missing and a cut in the floor making it difficult to keep clean and this posed a risk to the control of infection. We also found waste stored outside the premises in the grounds which should have been removed to reduce the risk of fire and some external fire escapes were partially blocked. Maintenance issues were also likely to effect the integrity of fire compartments. We referred our concerns to the Fire Service.

Some bathrooms taps did not work, were loose or required substantial force to operate. In one room the tap was bent the wrong way and was leaking. We found wardrobes in three rooms were not attached to the wall increasing the risks they could be pulled over. Numerous light bulbs were not working within the building. This included a high proportion of lights in some corridor areas as well as lights in some people's bathrooms and bedrooms. We also found lighting quality was very poor with some areas not having adequate lighting due to the position of light fittings and bulbs which were too dim. This increased the chance of falls. In one bedroom, a window was damaged, loose and wobbly. During the inspection the registered manager took action to ensure contractors visited to address the main risks we identified. However, these areas of concern should have been identified pro-actively by the home. Following the inspection, the registered manager sent us a refurbishment plan detailing how significant amounts of money would be invested in the premises in 2019 to bring it up to standard.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Key safety checks took place to the electrical, gas and water systems in line with legislation. Equipment such as hoists were regularly serviced to ensure they remained in safe working order.

People and relatives said they felt people were safe living in the service. Staff had a basic understanding of safeguarding and said they had not witnessed anything of concern whilst working in the home. Policies were in place to protect people from abuse. We saw safeguarding issues had been appropriately identified and reported to the local authority and actions taken to help keep people safe.

In some cases, risks to people's health and safety were assessed and appropriate plans of care put in place

for staff to follow. Risk assessment documents were subject to regular review. A health professional we spoke with said the service listened to advice on risk management and acted appropriately. However, we found two instances where appropriate care was not provided. One person's pressure mattress had been unplugged, although they were not in bed at the time and we were unable to confirm when it had been unplugged. The person's risk assessment lacked detail about the setting the mattress should be on. Records showed another person should have had crash mat in place due to the risk of falls. However, this was not in their bedroom and the registered manager did not know where it was. We also found poor lighting in the building was not conducive of good falls management.

Some people were on nutritional thickeners and diets of a soft consistency but there was a lack of clarity around this with no information recorded about why this was necessary, for example following a SALT assessment or direction from the GP.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014 Regulations).

Overall medicines were safely managed although some improvements were needed to practice. The service had recently introduced an electronic medicine management system. We found this improved the safety of the medicines system, ensuring people consistently received their medicines in a timely manner. It flagged up if anyone had not received their medicines which the registered manager and senior staff monitored. We looked at records which showed people consistently received their medicines as prescribed. We identified a few teething problems with the new system. Stock levels of medicines were not always calculated correctly by the system, the registered manager told us they were in discussion with the pharmacy who helped manage the system in order to ensure this could be recorded in a better way. Topical medicines such as creams were applied by care staff. However, they did not have access to the electronic medicine recording system and were recording entries on the separate Care Management System which was not always done in a consistent way. We spoke with the registered manager about the need to address this. Medicines were stored securely and safely. Whilst PRN care plans were in place within people's care records these were rather generic and needed to be accessible to staff at the point of medicine administration. The registered manager said they would add this to the electronic system. People had medicines care plans in place but these were not specific to people's individual needs.

We found most surfaces in the home were clean. This included people's bedrooms, bedding and equipment. However, we identified an odour coming from one bathroom bin and saw incontinence waste was not double bagged. There were also some cobwebs on high level surfaces such as light fittings. The service had recently been given a rating of 2 stars from the Food Hygiene Agency. This means some improvement is necessary to food hygiene. We saw a plan was in place to address this.

Accidents and incidents were logged and investigated with actions taken to help improve the safety of the service. Incidents were subject to monthly analysis to look for any themes or trends. The registered manager wrote a detailed narrative of the safety of the service each month and any themes which needed addressing. We saw there were no concerning trends.

Based on the current occupancy of 19 there were sufficient staff deployed to ensure people received appropriate care. Care, laundry, activities and kitchen staff worked each day within the home. The registered manager also arrived at the home early each morning to oversee staff handover. Relatives and staff we spoke with said they thought there were enough staff. During observations of care and support we found there were enough staff deployed to ensure people received assistance in a timely manner.

Safe recruitment procedures were in place, to help ensure staff were of suitable character to work with

vulnerable people. This included checks on their backgrounds.

Is the service effective?

Our findings

Some improvements were needed to nutritional management to ensure people's needs were consistently met. One person was of very low weight and had lost weight over the last few months, however there was no evidence in care records of any discussions with healthcare professionals over their weight. When we asked staff if anyone was of low weight within the home they did not identify this person. Whilst their food intake was being monitored, this was not detailed enough to provide a clear picture of what they had eaten. There was also a missed opportunity to provide high calorie snacks such as milkshakes to the person to help boost the person's nutritional intake. We also found at times there was a lack of meaningful choice on the menu. For example, on the day of the inspection the option was beef stew or minced beef and onion pie.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

People's care needs were assessed prior to admission. The service consulted best practice guidance around dementia care to inform care planning. Staff we spoke with understood what good dementia care looked like and the need for a person-centred approach based on people's lives, interests and preferences.

Overall staff had a good knowledge of the people and topics we asked them about. Staff said training was good and gave them the skills they needed to undertake their role. An external training provider delivered face to face training to staff in a number of subjects. The registered manager told us they had moved away from booklets and online training to ensure maximum benefit for staff.

New staff received an induction to the service's policies and procedures and ways of working. Staff new to care or those that did not have a qualification in health and social care were enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw existing staff received training in a range of subjects including challenging behaviour and dementia care and this was kept up-to-date.

Staff received regular supervision and annual appraisal. The appraisal system had been overhauled to make it more robust and assess staff performance more thoroughly. Staff said they felt well supported and were happy working at the service. The service was in the process of implementing champion roles for staff to take ownership of subjects such as pressure area care and dignity. These staff would challenge poor practice and help drive improvement in each of the champion areas.

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 Act 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 with appropriate legal authority.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Three people had authorised DoLS in place which were not subject to any conditions. Further applications were awaiting assessment by the supervisory body. We concluded the service had made appropriate applications and the registered manager had a good understanding of the correct procedures to follow.

Where people lacked capacity, we saw evidence best interest decisions had been made involving a range of professionals. We identified one person sometimes received their medicines covertly (hidden). Whilst we saw this was done as a last resort, the decision to be able to give the person's medicines covertly had not been recently reviewed to ensure it was still appropriate in line with National Institute for Health and Care Excellence guidelines. We spoke with the registered manager who took action to ensure this was addressed.

People's healthcare needs were assessed and the service worked in partnership with other professionals such as district nurses, GP's, chiropodists and reflexologists. We spoke with a community professional who said they thought the care was good and they had no concerns with the home. The service had a system in place to ensure people's belongings and information on their care needs were transferred to hospital should they be admitted. A bag was sent with people to hospital including their personal items, flannels, continence products and concise care plan on their needs, so hospital staff understood the people they were caring for.

Some adaptations had been made to the environment to make it suitable for people living with dementia. This included clear signage and sensory material and memories in the corridors. People's bedrooms were personalised with belongings. However, the lighting was poor in the building and other improvements were needed in order to provide people with a high-quality environment.

Is the service caring?

Our findings

Whilst we found staff were kind and caring with people, we concluded the service was not consistently caring because risks associated with the environment and people's safety had not been appropriately dealt with. The number of concerns with the environment was not conducive of a service that treated people with dignity and respect. For example the chest of draws in one room were unstable and coming apart. Numerous light bulbs had not been replaced in people's rooms and communal areas.

People and relatives said staff were kind and caring and treated them well. One relative said "Staff are nice and kind, it is a small and personalised home. Nothing is too much trouble." Another relative said "Very caring, staff are absolutely wonderful." Health professionals also said staff were kind and caring.

During observations of care and support we saw staff being friendly with people and treating them well. Staff regularly checked on people's welfare and asked if they needed anything. We saw people smiling at staff when they saw them, indicating they were comfortable in their company. Staff spoke with people appropriately but also used non-verbal techniques such as holding people's hands and hugging them to provide comfort. Information on people's lives and preferences was sought and recorded to aid staff better understanding the people they were supporting.

People looked well dressed and cared for indicating staff took the time to help meet people's personal care needs and ensure they looked presentable. We saw staff knocking on doors before entering and adjusting people's clothing to maintain their dignity.

Visitors said they were able to visit the home when they wanted to and reported no restrictions. They said communication was good and they were kept informed of any changes to their relative's needs.

People were involved in making decisions relating to their care. This was evident when reviewing care records showing people and relatives had been involved in reviews and consulted over any specific decisions that needed to be made. People's views were also sought through annual surveys and on an informal basis by the registered manager. The registered manager had recently moved their office downstairs to make them more visible and accessible to people.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. People's diverse needs were assessed as part of the pre-assessment process. The service was providing LGBT training to all staff to further enhance awareness amongst the staff team. However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled Equally outstanding: Equality and human rights - good practice resource.

Is the service responsive?

Our findings

People, relatives and health professionals said that the service provided good quality, person centred care that met people's individual needs. Relatives said the service was responsive to people's changing needs, and contacted them should their needs change.

People's care needs were assessed prior to admission. On admission, a series of care plans were produced. However, many of the care plans were generic and not person centred. There were also multiple care plans for similar issues for example one person had a care plan for weight management and one for eating and drinking. Neither one showed clearly what action had been taken in respect of the person's low weight. People's medicine care plans were not specific enough with details of the medicines they took, how they took them or how issues such as refusing to take their medicines were managed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what the service was doing to meet the requirements of the Accessible Information Standard (2016). The manager said that they did not have an Accessible Information standard policy in place but they would work on this to ensure consistent practice within the home with regards to the standard. People's communication needs were assessed when they were admitted to the home and care plans produced to guide staff. Information could be made available in different formats such as large print for some people and braille if required. The service had helped one person for whom English was not their first language to communicate using a translation application.

People's end of life needs were assessed and care plans put in place. These lacked details about people's preferences and required further work to ensure they demonstrated people's needs had been robustly assessed in these areas.

At the last inspection we found there were not always suitable activities available to people. At this inspection we found improvements had been made. Each day an extra staff member worked, whose role it was to provide people with activities as well as helping out with care at peak times. During the inspection we saw them spending time with people undertaking person centred activities. This included group activities and 1-1 work. External visitors also provided activities. For example, during the inspection an external entertainer visited the home and people sang along to songs which they appeared to enjoy. Whilst there was a suitable range of activities, we did identify that care staff missed opportunities to engage with people in between providing care and support tasks for example passing them without interacting.

A system was in place to log, investigate and respond to complaints. Information was on display directing people how to make a complaint. Where complaints had been received we saw these had been appropriately investigated by the service. Relatives and staff said the manager was approachable and open to suggestions or ideas for service improvement.

Is the service well-led?

Our findings

We found systems to assess, monitor and improve the service needed to be made more robust, to ensure consistent improvement of the service took place over time. This was the fourth inspection since 2016 at which the service was rated Requires Improvement or below. The service needed to improve its approach to quality to ensure a consistently high performing service.

Whilst audits and checks were carried out they were not sufficiently robust in identifying the problems that we found with the environment, nutritional management and care plans. For example, there were a large number of maintenance issues including a large proportion of lights not working in some of the corridor areas. The number of risks demonstrated that maintenance issues had not been identified, reported and rectified in a timely manner. Building audits were regularly carried out but had not identified these issues. Concerns with the environment has been a theme at other recent inspections, for example the concerns amounted to a breach of regulation in April 2016 and February 2017. This demonstrated that sufficient action had not been taken to sustain improvements and there was a lack of good governance in terms of ensuring a pleasant and well-maintained environment.

We found an issue with people's nutritional risk assessment and recording. Robust checks were not in place to ensure people's mattresses were being used appropriately. The process for checking people requiring a crash mat had these in place was either not in place or was not effective. The poor environment posed a risk to the control of infection and to people's safety. Some care plans needed more person-centred, specific and easy to read with less repetition. These issues should have been identified by a robust programme of audit.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives, staff and health professionals spoke positively about how the service was managed. Relatives said that they were satisfied with the care and support provided to their relatives. One staff member said "[Registered Manager] is great, cannot fault her. Very approachable. Can go straight to her. She will sort out issues where she can." Another staff member said "Home from home, love the atmosphere and the residents, all work as part of a team and blend together well. [Registered Manager] is lovely, can go to her if need help." Staff said they would recommend the service to their own relatives.

The service had a set of values in place around being person-centred, caring and accountable. These were discussed during staff meetings to help ensure the staff team was true to the values. The registered manager monitored staff performance against these during annual appraisal and also observed care on an informal basis.

Staff we spoke with said the service was well organised. The registered manager had recently introduced a daily task sheet which provided more clarity on the tasks each care worker was required to complete each day. This ensured staff were clear on their roles and helped the service to run more efficiently.

People's feedback on the service was sought through care plan review meetings and annual questionnaires. The results of these were logged on the Care Management System and showed people were happy with the care and support. There was no system in place for collating and analysing people's feedback. The Registered Manager was unable to demonstrate they were using this information to identify themes and trends to enable them to continuously improve. Residents and relative's meetings were not held. The registered manager said they had tried these but they not been successful due to low attendance and engagement.

We recommend the service looks at other ways to engage with people on a regular basis alongside annual care plan reviews and questionnaires.

Staff meetings were regularly held. This included senior staff meeting and care staff meetings. It was evident these were used to improve staff practice and discuss any areas that required improvement.

The service worked in partnership with other organisations including the local NHS hospital trust and community healthcare professionals to co-ordinate people's care and support.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>(1) 2(a)(b)(d) Care and treatment was not always provided in a safe way. The service had not assessed and mitigated all risks to people's health and safety. The service had not ensured that the premises was safe.</p> <p>.</p> <p>(b) doing all that is reasonably practicable to mitigate any such risks;</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>(1) The nutritional needs of everyone that uses the service were not being consistently met.</p>

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 17 HSCA RA Regulations 2014 Good governance (1) (2a) (c) Systems and processes were not in place to consistently ensure compliance with the regulations. Systems were not sufficiently robust to assess, monitor and improve the service. An accurate record of each service user's care and treatment was not always maintained.

The enforcement action we took:

We issued a warning notice against both the provider and manager requesting compliance with this regulation by 3 March 2019.