

Nursing Homes Services Limited

Westacre Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Westacre Nursing Home is a care home. The home is registered to provide accommodation and nursing care for up to 55 people. At the time of the inspection there were 41 people living at the home. Accommodation at the home is spread over three floors with interconnecting lifts and stair wells. People have their own rooms and access to communal areas such as lounges, dining areas and a conservatory. There is a garden accessible to people. Westacre Nursing Home is owned by Nursing Home Services Limited who, throughout this report, are referred to as the provider.

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

We found no evidence during this inspection that people were at risk of harm. People and their relatives overall described the care provided as person centred, although the registered manager had identified that this was an area where further improvements could be made, and they were taking action to address this.

This inspection found that the governance arrangements in place were not yet being fully effective at driving improvements throughout all areas of the service. The new leadership team were working hard to address this.

Our last inspection had highlighted some concerns regarding the management of risks relating to people's care and how these were to be mitigated. This inspection found some similar concerns.

We have made a recommendation about how competency assessments might be used to provide assurances that staff understand the training provided and are able to confidently put their learning regarding nutritional risks into practice.

Staff demonstrated an understanding of what abuse might be and how it might manifest itself in a care environment. They demonstrated a commitment to share any concerns they might have about a person's safety and they were confident that the leadership team would act on these.

Arrangements continued to be in place for the safe management of medicines. Robust auditing processes were in place and the eMARs were checked daily for gaps or omissions.

We were assured that the provider was preventing visitors from catching and spreading infections and was meeting shielding and social distancing rules. People were admitted safely to the service and systems were in place to manage outbreaks appropriately.

There were systems in place to learn from safety related events.

There were systems in place to engage with people and their families about the care provided. Although some relatives felt that communication was an area which could be improved further.

The leadership team understood the importance of developing an empowering and inclusive culture amongst the staff team. This was still a work in progress and some staff felt that morale and teamwork were areas which needed to be improved.

The registered manager and clinical lead worked effectively together and shared ideas which helped them to perform well and achieve their best. Concerns were investigated, and systems were in place to ensure lessons were learnt and apologies offered when the provision of care fell below that expected.

The service worked in partnership with other organisations to meet people's needs and develop its staff.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 August 2019). There was one breach of the legal requirements in relation governance. This is the fourth consecutive inspection that the service has been rated as 'Requires improvement' or worse. Whilst there was evidence of improvements in some areas, we continued to also find some concerns and therefore could not improve the rating to good at this time.

Why we inspected

The inspection was prompted in part due to concerns we had received about some people's safety. As a result, we undertook a focussed inspection to review the key questions of safe and well led only. We found no evidence during this inspection that people were at risk of harm from this concern, but the registered managers investigation into the concerns did identify some concerns regarding night shifts, specifically that staff were sometimes more focussed on the completion of tasks rather than on the delivery of person centred care. They are taking action to address this and will keep this under careful review.

We also undertook this inspection to see if the provider had made the required improvements following our last inspection in August 2019 when we found a breach of the legal requirements. The provider completed an action plan after that inspection to show what they would do and by when to improve the governance arrangements within the service. We checked whether they had followed their action plan and whether they now met legal requirements.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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 coronavirus and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a continuing breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe 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 ●

Westacre Nursing Home

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 Care Act 2014.

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 by two inspectors.

Service and service type

Westacre Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and clinical commissioning group. This information helps support our inspections. We used all of this information to plan our inspection.

The provider had not been asked to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with 13 people who used the service, the clinical lead and the registered manager.

We reviewed ten people's care records. The electronic medicines administration records, five staff files and a variety of other records relating to the management of the service.

After the inspection

We received feedback from five relatives about the care provided and spoke with 11 members of staff including day and night staff, permanent and agency staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Our last inspection had highlighted some concerns regarding the management of risks relating to people's care and how these were to be mitigated. This inspection found some similar concerns.
- One person's nutrition plan did not reflect their known risks regarding weight loss. Two people's food and fluid charts did not always provide assurances that, despite their nutritional risks, they had always been offered regular snacks and fluids to enhance their dietary intake. Both of these people were losing weight.
- Records showed that two people had been offered foods that were not in keeping with their prescribed diet. This could increase their risk of choking. The registered manager has taken action to remind staff of people's dietary requirements and is to arrange further training for the staff team.

We recommend that the registered manager implement competency assessments to provide assurances that staff understand the training provided and are able to confidently put their learning regarding nutritional risks into practice.

- There was evidence that the registered manager and clinical lead were taking action to review care plan documentation as part of their quality assurance processes and to identify and address unmanaged risks to people. However, we found that this process was not yet being fully effective.
- Other risks were being well managed.
- Detailed pre-admission assessments were undertaken to help inform decisions about whether the service could meet a person's needs.
- People had a range of risk assessments, for example, to help reduce the risk of falls, and in relation to the use of bed rails and choking.
- A recognised tool was used to assess a person's future risk of experiencing fractures based on a range of clinical risks.
- One person had a catheter care plan that included detailed information about the need for good hydration and of the risk of sepsis developing and the signs which might indicate this.
- Nationally recognised tools were used to assess people's risk of poor nutrition or of developing skin damage.
- Staff told us handover meetings were effective at sharing information about new or developing risks.
- Post falls protocols were effectively used to monitor a person following a fall for signs of injury. This included regular neurological observations.
- A tool endorsed by the NHS to help staff identify when people's health was deteriorating was being used within the service. Staff used this tool to assess people's well-being monthly or in the event of an accident or illness to assist with appropriate escalation to health care professionals.

- Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.
- Maintenance staff continued to undertake weekly and monthly checks which looked at a range of health and safety related issues such as the safety of equipment including specialist chairs and bed rails and whether window restrictors were working properly. They also undertook routine checks of the fire safety equipment.
- The clinical staff undertook weekly checks of emergency equipment such as the suction machines to ensure these were in working order.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Westacre, for example, one person said, "Yes I do feel safe, we are well looked after...we have support without it being intrusive".
- People also said they felt safe at night with one person saying, "I couldn't fault one of them [Night staff]".
- People told us they would be confident raising any concerns about their safety and wellbeing with staff or the leadership team.
- Relatives felt the service monitored the safety of their family member. One relative told us, "Oh gosh yes, I feel he is safe. From his attitude I feel he is safe. The staff are approachable, and they seem to know about him". Another said, "I have had nothing but really fantastic experiences. They [Staff] are kind, spirited and I am so grateful. They are so patient. I have never felt nervous about any abuse".
- Staff demonstrated an understanding of what abuse might be and how it might manifest itself in a care environment. They demonstrated a commitment to share any concerns they might have about a person's safety and they were confident that the leadership team would act on these.
- Where concerns of a safeguarding nature had occurred, these had been investigated and remedial measures taken.
- The leadership team had devised a tool to analyse and assess unexplained bruising. This included an assessment of the type and location of bruising, likely causes and contributing factors such as fragile skin. This allowed the leadership team to quickly identify any bruising that might be non-accidental in nature allowing them to escalate this appropriately.
- The registered manager and clinical lead told us that when there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided. This helped to ensure that people's rights were protected. However, through discussions, it became apparent that some people were subject to restrictions that were in place to keep them safe, but no specific mental capacity assessment had been completed. For example, for the use of lap belts. The registered manager is taking action to address this.

Staffing and recruitment

- People were positive about the availability of staff to manage their needs. One person told us, "Someone always comes quickly if I press the buzzer" and another said, "Oh yes, they [Staff] come quickly to help".
- Relatives did not express any significant concerns around staffing, although most said it was hard for them to comment on this as they had not been able to observe this since the pandemic started.
- We received mixed feedback from staff regarding the daytime staffing levels. Some staff felt that the staffing levels were adequate and allowed them to meet people's needs in a timely way and to spend as much time with people as needed to support them with tasks such as eating and drinking or taking their medicines. Others raised concerns that the deployment of staff during the day required them to be multi-tasking to the extent that they could not ensure that people in communal areas were always adequately supervised or provided with regular drinks. One staff member felt this directly impacted upon safety and increased the risk of people falling or other types of incident.
- The recent staff survey had also identified that one of the areas staff felt needed to improve was the

numbers of staff deployed on each shift.

- There was evidence to show that the registered manager was listening to these concerns and was reviewing with staff how this might be improved. They investigated incidents and explored examples of poorer response times with staff in meetings to identify the cause and what actions might be needed in response. The registered manager and clinical lead assured us that the deployment of staff would be further reviewed in light of this feedback to ensure it remained safe and we will continue to monitor this with them.
- At night there continued to be a heavy reliance on agency staff to cover gaps in the rotas on night shifts. Every night between 8 February 2021 and 7 March 2021, three of the five required night care staff were agency workers. On two nights, all of the care staff were agency workers.
- The registered manager was working hard to recruit to vacant posts and in the interim, records did show that regular agency workers were used to help ensure consistency of care.
- We spoke with a number of the regular agency night staff and they appeared to understand people's needs and told us that night shifts were safely staffed by workers with the right skills and experience.
- The registered manager had made significant progress with recruiting registered nurses which was supporting more consistent delivery of clinical care.
- Overall safe recruitment practices continued to be followed. However, there were no records to evidence that agency staff received an induction to the service which included information about fire procedures for example. The registered manager is taking action to address this.

Using medicines safely

- Arrangements continued to be in place for the safe management of medicines. The new leadership team had introduced the use of electronic medicines administration records (eMARs) which contained all of the required information. This had helped to increase management oversight and reduce the number of medicines errors which had in turn ensured that people received their medicines as prescribed.
- Robust auditing processes were in place and the eMARs were checked daily for gaps or omissions.
- Medicines were stored correctly within a new clinical room. Ordering processes were robust and helped to avoid waste and excess stock being ordered.
- Each month the clinical lead ensured that any medicines that had not arrived as expected were immediately flagged and chased with the prescriber and pharmacy.
- Only designated staff who were appropriately trained and had had their competency checked, administered medicines. We observed part of a medicines round. This was managed in line with best practice guidance but also in a compassionate and person-centred manner. The staff member demonstrated an understanding of the importance of supporting people to be involved in decisions about their medicines and of the actions to take should a medicine be refused.
- There was a system in place to ensure that 'when required' or PRN medicines were managed effectively. PRN protocols were in place and we saw people being offered medicines when needed, not just during the medicines round.

Preventing and controlling infection

- Clear procedures were in place to prevent professionals, relatives and friends from spreading infection when visiting the premises. One relative told us, "They are very strict about everything.... When we go to visit, we have to use hand gel and they take my temperature".
- Arrangements were in place to facilitate indoor visiting by a nominated person, in line with the recently updated guidance on visiting people in care homes. This was being supported through the use of testing and personal protective equipment.
- Where a person was reaching the end of their life, compassionate visits by family members were also supported.
- 'By appointment' virtual tours were available for people considering moving into the home to support

their decision-making process.

- Staff confirmed that there was no shortage of personal protective equipment.
 - People were admitted to the service safely and staff and people using the service were assessed twice daily for a raised temperature. This helped to ensure that action could be taken quickly to keep those who might be symptomatic of COVID 19 from those who were not.
 - Staff, including agency staff, were taking part in the weekly national care home testing programme and people using the service were tested monthly.
 - The service had an infection control lead and staff had undertaken training to ensure they understood their role and responsibilities with regards to preventing and controlling infection. One care worker told us, "Covid has been very well managed... everyone is trained and aware of the consequences if we get it wrong".
 - We did note some areas where improvements could be made.
 - Whilst staff were mostly observed to be wearing PPE correctly, we did observe one staff member, providing care, with their mask lowered under their nose and another staff member removing their mask to communicate with a person who could not understand them. They were very close to the person. We have provided the service with some guidance on how to communicate effectively / safely with people who might have comprehension or sensory loss as safely as possible whilst not compromising the protections of PPE.
 - No risk assessments have been carried out on people using services and staff belonging to higher risk groups to identify if any further actions are needed to reduce the risks. The registered manager is to review this.
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- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - 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.

Learning lessons when things go wrong

- There were systems in place to learn from safety related events.
- Staff understood their responsibility to raise concerns and report incidents. These were reviewed by the manager to ensure that appropriate action had been taken and to identify any themes or trends that might require further exploration.
- Safety related incidents were used as opportunities for learning and there was evidence that improvements were made in response such as additional checks or training.
- Learning from incidents was communicated to the wider staff team through team meetings and through the use of the organisations electronic recording system.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.
- The governance arrangements in place were not yet being fully effective at driving improvements throughout all areas of the service.
- We identified areas where risks relating to people's care and support were not being adequately managed. We have spoken more about this in the safe domain.
- We identified a number of areas where records relating to people's care and were not fully complete or contained conflicting information or were not fully reflective of the person's current needs. The registered manager is taking action to address these. This will include ensuring that the registered nurses have supernumerary time to focus on care planning to ensure the accuracy and completeness of these records.
- Records did not provide assurances that remedial actions required for the control of legionella had been completed. Systems have now been put in place to ensure appropriate records are maintained.
- The registered manager had not embedded a programme of supervision. For example, neither of the permanent night registered nurses had had a supervision for six months. Supervision is important as it allows managers to account for, and develop, the skills, knowledge and performance of staff and to monitor the culture and behaviours of staff.
- An improvement plan was in place and included some of the shortfalls we found, but it did not include a measurable action plan to assist the registered manager with monitoring their progress with making the necessary improvements.
- The registered manager had not identified that two incidents met the threshold for being notified to the Care Quality Commission (CQC). This is important as it ensures that the CQC have oversight of potential risks within the service.

We found no evidence that people had been harmed however, there was a failure to operate effective systems to assess, monitor and improve the service. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated activities) Regulations 2014.

- There was evidence that the current leadership team had begun to implement a number of improved governance arrangements.
- The new quality assurance processes in relation to medicines management were robust and had brought about improvements in this area and a reduction in the number of medicines errors.

- Each day the registered nurses completed a report for the manager providing them with an oversight of new clinical risks, such as those who were unwell or who had had a low fluid intake within the last 24 hours. These reports fed into the 'Wellness tracker' which monitored the frequency of the use of antibiotics, safeguarding alerts, infection rates and pressure ulcers. This allowed the leadership team to assess whether there were any developing themes or trends that might need further action to address.
- Other audits took place covering all aspects of the service such as the care provision, catering, housekeeping, health and safety and administration.
- Quarterly meetings were held with the provider where issues such as safeguarding concerns and complaints were discussed including their outcome, along with recruitment and health and safety issues. This helped to ensure that the provider had oversight of the service.
- We did note that whilst, the registered manager felt well supported by the provider, there was no arrangements in place to provide them with professional supervision which further developed and monitored their capacity and capability to deliver an improvement programme and what support they might need to achieve this.

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

- We found no evidence during this inspection that people were at risk of harm and overall, people, their relatives and staff told us that the care provided was person centred and spoke of a positive culture. One person said, "Oh yes, they are very good" when asked if staff were kind and caring. Another person said, "Yes, I am happy, the care is the best thing, they [Staff] are very kind, very cheerful, the night staff are lovely". A relative said, "It's a caring place...I feel very fortunate to have [Family member] in this home". Another relative said, "As far as I can see, certainly all the communication has been warm, friendly and has been sensitive to my [Family members] needs... I have a good impression of the culture.
- Two relatives did express concerns about seeing their family members wearing clothes that were clearly not their own and which did not fit them, impacting on their dignity. We have asked that the registered manager ensure there are more robust systems in place to ensure this does not happen.
- Our observations during the inspection indicated that staff were kind, caring and attentive and provided care in a person-centred manner. For example, we observed staff supporting a person to transfer from their wheelchair to an armchair. The staff provided clear instructions and gave the person lots of encouragement and praise for completing the task. We also saw staff supporting people to eat in a non-hurried and gentle manner. One staff member was observed to explain to a person, with a sight impairment, where the various food items were positioned on their plate. They said, "Mashed potato in front of you, let me put on the napkin on you as the food jumps off the plate. Meat is at 3 o'clock and peas at 11 o'clock". It was clear that the person valued this interaction. One staff member said, "I like being here for the clients, to make the place homely for them and this time of life".
- Although we received positive feedback and observed person centred interactions, the registered managers, was of the view that there was still more that could be done to ensure that the care provided was fully person centred and less focussed on the completion of tasks. They have assured us about the actions they are taking to address this.

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

- There was some evidence that people were encouraged to be involved in developing their care plans. There was a theme flowing through care documentation of the importance of staff offering people choices and their preferences in relation to areas such food and drink were recorded.
- Lock down arrangements can increase the risk of people being isolated from their families and closed cultures developing. Whilst three relatives raised concerns that it had not always been easy to get through to

the home by phone and of sometimes having to "Seek out" information, there was evidence that people had been supported to keep in touch with their family and friends through the use of technology such as video calls and through social media where newsletters were published sharing information and photographs about the activities people had been involved in. One relative confirmed this saying, "I get a monthly a newsletter and a calendar of what they are doing. I had a call from [Clinical lead] about how [Relative] was doing. They ask on their newsletter if we have any suggestions".

- 'Residents' meetings were held each month and the minutes of these showed that people had been asked their views about the quality of the care they received, whether they were happy with the food and with the activities provided. These were chaired by the activities staff. It was not always evident, however, how feedback from these meetings was being translated into measurable action plans that demonstrated that the feedback was being acted upon.

- The leadership team understood the importance of developing an empowering and inclusive culture amongst the staff team. They spoke of the importance of learning from staff saying, "They know what works best, we are always open to suggestions about what we can do to improve things.we try to make sure they [Staff] feel valued. ...We want to empower staff to make their own decisions. ... Staff meetings, the attendance brilliant. Some staff are coming in on their day off for it, they are so dedicated. The meetings are very interactive, we listen and talk. Definitely engaging. We want staff to enjoy your time at work".

- Whilst some staff told us that morale could at times be low, staff spoke positively about the leadership team saying they were visible, accessible and listened to their views or concerns. One care worker told us that any concerns were dealt with instantly and in a confidential manner. A registered nurse told us, "The manager likes things to be done well, but also lets you do your job". One agency worker we spoke with told us they were considering working at the home permanently and said, the home was "One of the best" they had worked at".

- We had similar feedback from relatives. One relative said, "It is a well-run establishment. ... I do have trust in the management".

Continuous learning and improving care; 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 and clinical lead worked effectively together and shared ideas which helped them to perform well and achieve their best. They were, overall, knowledgeable about quality issues within the service, understood the challenges and were taking action to address these. An example of this was the introduction of the EMAR system which had reduced the number of medicines errors.

- Concerns were investigated, and systems were in place to ensure lessons were learnt and apologies offered when the provision of care fell below that expected.

- The registered manager had a system in place to track and review safeguarding concerns and complaints to ensure that opportunities for learning were maximised. We did note, that in one case, whilst concerns had been investigated and remedial measures taken in response, the concern had not been escalated, by the registered manager, to the local authority in line with local safeguarding procedures.

- The leadership team had observed that there had been a recent increase in the number of skin tears within the service and so they were reviewing these in more detail to ascertain whether there were any themes or trends that might need attention. They had also arranged for updated training in moving and handling to take place.

- The registered manager responded in an open and transparent way when investigating the concerns that prompted this inspection and to requests for further information.

Working in partnership with others

- The service worked in partnership with other organisations to meet people's needs and develop its staff.
- Staff had worked with community nurses, mental health nurses, pharmacists and GPs for the benefit of

people using the service. An example of this was the way in which the eMAR system, was being used to monitor people's vital signs when a new medicine was started, allowing a report to be produced to aid the person's GP gauge the efficacy of the new medicine.

- They and their registered nursing team maintained close communication with the GP practice through weekly virtual rounds and had regular contact with a range of health care professionals such as tissue viability nurses, dietitians and speech and language therapists.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found no evidence that people had been harmed however, there was a failure to operate effective systems to assess, monitor and improve the service. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated activities) Regulations 2014.