

St Philips Care Limited

Ridgeway Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ridgeway Care Centre is a residential care home providing personal care to 25 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building.

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

Systems in place to manage the home were not effective. They had failed to stop a decline in the care provided for people over three consecutive inspections. At this inspection we found concerns over staffing levels, the management of medicines, risks and people's ability to eat safely. The regional manager had developed an action plan to drive improvements forwards, but more time was needed to make improvements before people were receiving a good quality of care.

There were not enough staff to care for people safely. The provider had failed to ensure people's needs were regularly assessed and used to indicate the numbers of staff needed to care for people safely. Staff training and support fell below the level identified by the provider.

Risk to people had not been fully identified and care was not always managed to keep people safe. Information regarding people's medicines did not support staff to administer medicines consistently. People were not always supported to access fluids and recording around people's nutritional needs was poor.

While people and their relatives had been involved in planning their care, care plans did not fully reflect the care people needed. The care that people received at the end of their lives supported them to have a pain free death. Activities did not support people's social and well-being needs.

The environment was clean and tidy and had undergone a recent refurbishment and supported people's dignity. In addition, staff had been training in maintaining privacy and dignity while providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 Requires Improvement published 9 May 2018. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to the management of the home at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Ridgeway Care Centre

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.

Inspection team

The inspection team consisted of an inspector 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.

Service and service type

Ridgeway Care Centre 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.

The provider was required to have a registered manager for the home but did not have a registered manager at the time of the inspection. However, they had recently employed a manager who had applied to become registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff, the regional manager, manager, deputy manager and a care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the area manager to gather further information and to clarify their plans to drive improvements in the home.

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 had remained the same Requires Improvement.

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; Staffing and recruitment; Using medicines safely

- At our last inspection the provider had failed to robustly assess the risks relating to the management of risks to people's safety, staffing levels, infection control and medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.
- People told us that at times there were not enough staff to meet people's needs. One person said, "They sometimes seem quite short of staff. My [Relative] is in here and I help give them drinks and food. The staff are giving them drinks more regularly now but it was left to me because they couldn't do it... If the staff are pushed I will feed them." A relative told us, "The staff do seem to have a lot to do. They don't always have time to sit and talk to [my relative]."
- The provider did not have enough staff employed to meet the needs of people. Therefore, they needed to rely on the use of agency staff to support people. On the day of the inspection the agency staff requested did not turn up until lunch time. This meant that during the morning staff were rushed and were late getting people up. Some people were not offered breakfast or their medicines until 11am. In addition, the morning drinks trolley had not been taken around as there were no staff available to complete the task. The manager was unable to help as the cook was absent and the manager was in the kitchen preparing the midday meal. The regional managers action plan had identified that a number of new staff needed to be employed.
- During the afternoon, although the number of care staff had increased to match the provider's assessed levels this did not support people adequately. We saw that the activity person spent their time in the main lounge where four people were sitting, as this area needed to be monitored by staff. This meant that people in other areas of the home were not supported with activities. In addition, the activity coordinator only worked four days of the week.
- The manager explained that the staffing levels were set by head office on the outcome of the person's assessment by the local authority. However, the manager told us and the action plan put in place by the regional manager highlighted that the assessments did not reflect people's current needs. No assessment of needs was completed by the manager to identify safe staffing levels.
- There were systems in place to check that staff employed at the home were safe to work with the people living there.
- Medicines were safely stored and administered. People living at the home confirmed that staff looked

after their medication and would stay with them until the medicine had been taken. They confirmed that they can get pain relief as and when required. However, records around medicines were inconsistent.

- The deputy manager had completed an audit to count how much medicines was in the home. This was because there had been no proper system to monitor receipt of medicines in the home. The deputy manager told us this was an area she was prioritising for improvement. However, we saw that they spent most of their times providing care for people and supporting staff.
- In addition, we found that MAR charts did not accurately reflect the medicines people were taking with discontinued medicines still being recorded and PRN protocols did not contain enough information to support staff to administer medicines in a consistent manner.
- Care plans did not accurately identify risks to people and where risks were identified it was not always clear what action had been taken to keep people safe. To help monitor that people's needs were being met in a safe manner the manager and deputy manager used a white board to record the care that people needed and to monitor that they received the support required. The regional managers action plan had identified care plans as an area where improvements were needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided an action plan on how they were going to make improvements.

Preventing and controlling infection

- At the last inspection we had some concerns around the infection control processes in the home. At this inspection we found that improvements had been made.
- Systems were in place to reduce the risk of infection. Staff had received training in infection control and were able to tell us how they worked to reduce the risk of infection. During the inspection we saw that staff worked within infection control guidelines and regularly washed their hands and changed their protective equipment.
- Cleaning schedules were available for housekeeping staff to follow. Audits were carried out to ensure the care home was clean.

Learning lessons when things go wrong

- Incidents were recorded and reviewed by the manager. Action was taken to reduce the risk of the incident reoccurring. For example, when a person was falling multiple times they referred them to the GP and the Falls prevention clinic.
- Incidents were discussed with staff at handover to ensure they were up to date with people's current care needs.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at the home. One person told us, "I feel safe here. If you want to go out, you tell the staff so they know where you are." Another person said, "Having the staff around makes me feel safe. I know there is always someone looking out for me." A family member told us, "They check [my relative] every hour at night which I think is good."
- Staff had received training in how to keep people safe from harm and knew how to raise concerns both with the organisation and to external organisations.

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 the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People told us that they were normally offered a choice of food and drink. One person told us, "The food is quite good and you get a choice. I certainly get enough to eat and you can always ask for a drink when you want one." However, people raised concerns about access to food and drink. One relative said, "They sometimes forget to bring [my relative] her pudding. They stay in their room all the time and is down the end of a corridor and they [staff] forget." Another family member told us, "I dread to think what would happen if we didn't visit. [My relative] suffers from UTI's and needs to drink but we have been many times and they hasn't had one. Having said that things do seem to have improved over the last two or three weeks."
- We saw that recording of people's fluid intake on the computer system was inconsistent with different parts of the system recording different levels of fluid being taken. However, some people's fluid intake was low with six people had a fluid intake of between 556ml and 726ml over a 24 hour period. This meant these six people were at risk of being dehydrated.
- Care plans lacked information about people's ability to eat and drink safely. For example, some people's care plans indicated that they may be underweight. It was not clear what action had been taken to help these people increase their nutritional intake. In addition, there was a lack of ongoing monitoring of their progress. For example, one person's care plan noted that they should be weighed weekly but they had not been weighed for over a month. Where people had been unable to be weighed no other method of assessing their physical condition had been used.
- People's ability to eat safely had not been consistently managed. For example, where concerns had been identified about people's ability to eat and swallow safely without choking it was not clear if advice had been sought from healthcare professionals. Care plans did not record if people needed a modified textured diet.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's food and fluids were effectively managed. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and Hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided an action plan on how they were going to make improvements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Policies for the home were managed and updated centrally by head office. They were published on the provider's internet so that staff could access them when needed. A copy was also printed out and available to staff in the home. It was the manager's responsibility to cascade any change in policy to staff in the home. All the policies were updated annually or if there was a change in the legislation.
- The provider had invested in a computer system on which to store their care plans. This allowed staff to input information while delivering the care and the system would alert staff if a key intervention such as repositioning to reduce the risk of pressure ulcers had been missed. However, due to the poor WIFI signal in the home the system was not working effectively despite being in place for a year. We raised this concern with the regional manager. Following the inspection, they advised us of the plans they had put in place to improve the WIFI signal so that the system could be relied on.

Staff support: induction, training, skills and experience

- People were happy with the knowledge and skills of the staff. One person told us, "The staff seem to know what to do. They just get on with things." Another person said, "I don't have any problems with the staff, they just seem to go about things."
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff told us as part of the induction process they had worked with an experienced member of staff so that they had support if there were any concerns. New staff also had to complete the care certificate. The care certificate is a set of national standards which give staff the skills to care for people. Staff told us that they had felt supported during their induction.
- Staff also had ongoing training to ensure they kept up to date with changes in best practice and legislation. Staff were given opportunities to review their individual work and development needs in individual meetings with the manager. However, records showed that training and reviews had not been completed as often as required by the provider's policies. This had been identified by the regional manager and the need for improvements in these areas were included on the manager's action plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that they could access healthcare advice and support when needed. One person told us, "I had a fall recently and they got the paramedics out really quickly." Another person said, "If I need a doctor they will get one out for me."
- People were supported to access healthcare advice and support as needed to maintain their health. For example, we saw that healthcare professionals had been contacted when staff were concerned a person may have an infection. In addition, people received all the preventative care offered to them. Examples of this were people being offered their flu vaccination or attending diabetic check clinics.

Adapting service, design, decoration to meet people's needs

- We had raised concerns at our last inspection that the environment did not fully support the needs of people living with dementia. At this inspection we found that the provider had made changes to improve the environment. The home had been redecorated and signage around the home was good.
- People told us they were happy with the environment. One person said, "Last year they spent a lot of money upgrading everything. New showers, decorations it is fantastic now." A family member said, "Mum has got a lovely bright room."

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

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 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).

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.

- Some people living at the home had been unable to consent to being there. The manager had completed DoLS applications for these people to ensure their rights were protected. No one living at the home had any conditions on their DoLS.
- Where people may have been unable to make decisions for themselves the manager had ensured that capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.

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 the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about individual staff members. One person said, "The staff have a lot of patience and they are so kind."
- However, at times due to the lack of staff the service people received was not caring or tailored to meet people's individual needs. For example, one family member raised with us that staff had forgotten to take their family member a drink. Another relative told us, "The staff are lovely, I have no concerns with the staff, I just think they have too much to do."
- The large turnover of staff also impacted on the relationship between staff and the people they cared for. For example, one person living at the home said, "There has been a lot of staff changes here, lots of new ones and they take time to get to know everyone."

Supporting people to express their views and be involved in making decisions about their care

- People living at the home told us that they were offered choices about their lives. However, one relative we spoke with raised a concern about the staffs' ability to communicate. They told us, "The food always looks fine but [my relative] can't hear and doesn't always understand what is being offered. They will say yes to the food when the staff ask which meal they want and then when it arrives they say no." They explained that this was because they had not understood the choices available. The relative told us no alternative method of communication such as pictures of food were available.
- People were able to make decisions about where they spent their time, either in their bedrooms in the lounge or television lounge. They could choose when they got up and when they went to bed. People felt they could get up and go to bed when they wanted and did not feel they were forced to go when it suited the carers. One person told us, "I get up about 7am and go to bed about 10.30pm. It suits me and I just sit quietly." Another person said, "I go to bed at all different times, it is up to me."

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in promoting people's privacy and dignity. They told us that they did this by ensuring doors and windows were shut while people received care. In addition, they encouraged people to complete as much personal care for themselves as they were able.
- People we spoke with told us that staff were respectful when providing care. One person told us, "They cover you up when they are helping you get ready for a shower." Another person said, "I have confidence in the staff when they wash me, they keep it all nice."
- Where people did not have relatives to speak on their behalf, information was available on how to access

an advocate. An advocate is an independent person who will speak for the person and considers their welfare in all the decisions made.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had remained the same Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved in planning their care needs and they had signed their care plans to say they were happy with the content. One relative told us, "Everything has been recorded as to how she wants to be looked after." A relative told us, "My sister deals with the care plan and I know the staff have talked to her about it."
- Care plans did not fully reflect people's needs and could not be relied upon when requiring information about how care should be provided. The regional manager had identified that the care plans were in need of review and had identified this as an action for the manager.
- People told us that the personal care they received met their needs. One relative told us, "They keep [my relative] really clean. They give them a bed bath and always change their clothes daily." A person living at the home told us, "I get a shower once a week. I suppose I could have more if I wanted."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service did not fully understand people's information and communication needs. We did not see enough evidence of how the Accessible Information Standard had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans.

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

- There was an activity coordinator employed in the home. They provided group activities and one to one sessions for people who were cared for in their bedrooms.
- However, people told us that the activities provided did not support their needs. One person told us, "We don't have very much to occupy us." Another person said, "When the other manager was here she used to take several of us to the pub, just for one drink but it was really good. It gave us a chance to get out and have a chat. The new manager doesn't take us. I really used to enjoy it."

End of life care and support

- Staff worked proactively with other health and social care professionals to ensure people had a dignified

death. They followed best practice guidelines for people at the end of their lives and anticipatory medicines were arranged to keep people pain-free at the end of their lives.

- People's wishes for the end of their life was discussed and recorded. For example, if they wanted to avoid going to hospital, if they wished to be resuscitated or if they wished for religious or spiritual guidance.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, however, some people lacked confidence that issues would be resolved. One relative told us, "We have raised things and sometimes they got sorted but it is getting better now."
- The provider had a complaints policy in place and information on how to complain was available to people within the home.

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 had remained 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

- At our last inspection the provider had failed to effectively monitor the care provided and to drive improvements when needed. In addition, there was a lack of engagement with people and staff at the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.
- There was a new manager in post at the time of our inspection they were not registered with the Care Quality commission but had submitted an application to become registered.
- There were audits in place for the manager to completed on a monthly basis and which were used by the provider to monitor the quality of care provided. However, we found that the audits had not supported the effective management of the service and there had been a decline in the quality of care provided over the last three inspections. At this inspection we found concerns relating to the management of risks and medicines, concerns around staffing levels and around supporting people to eat safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided an action plan on how they were going to make improvements.

- The regional manager had put an action plan in place to drive improvements which the new manager was working to and following our inspection completed another action plan to show how they intended to ensure all the concerns we raised were managed.
- The new manager and deputy manager were confident in their abilities to make improvements in the home and were able to demonstrate good knowledge around how to provide safe effective 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

- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.
- Relatives told us that the manager was good at keeping them up to date with any changes in the care their family member needed.

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

- People told us they were happy living at the home. One person said, "I like living here, I am quite happy here." Another person said, "It is ok here and I would recommend it if you have to come to a place like this."
- The Manager has only been in post four weeks and some relatives have not met her. People commented that they do not see much of her. One person told us, "The new manager seems alright but I haven't seen much of her."
- However, relatives had begun to notice an improvement in the home. One relative said, "Things seem to be picking up now." Another relative commented, "Things have started to improve in the last 2/3 weeks."
- Staff were optimistic about the new manager and told us about the positive changes being made. For example, putting systems in place to ensure people were safe, getting staff into a good routine and making sure they knew what they were responsible for.
- Staff also told us they felt confident to raise concerns with the new manager. While they had not had a staff meeting with the new manager yet they were aware that one was planned.

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

- The views of people living at the home had been gathered through residents' meetings. The minutes of the last residents' meeting were displayed in the home. One person told us, "We have regular residents' meetings but not very many join in." Another person said, "We get things sorted at the meetings, the staff seem to listen."

Continuous learning and improving care

- The manager had identified a number of lead roles for staff were needed in the home. For example, a dementia lead, an infection control lead and a medicines management lead. It was the responsibility of the lead member of staff to keep themselves and colleagues up to date with changes in practice.
- The manager kept up to date with changes in best practice and legislation. They attended regular meetings with the provider's other registered managers, regularly updated their knowledge with training and reviewed the industry publication.

Working in partnership with others

- The manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it.

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>The provider had not ensured that they had fully assessed the risks to people using the service and they had not done all that was reasonably practical to reduce the risk. Medicines were not properly managed. Regulation 12(1)</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>The provider had not ensured that people's nutritional needs had been met. Regulation 14(1)</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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured that systems to monitor and improve the quality of care provided were effective. Regulation 17(1)

The enforcement action we took:

We told the provider that they must improve the effectiveness of the systems to improve the quality of care provided.