

Woodland Healthcare Limited

Woodland Park

Inspection report

14 Babbacombe Road
Marychurch
Torquay
Devon
TQ1 3SJ

Tel: 01803313758

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14 September 2022

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodland Park is a residential care home providing personal and nursing care to up to 31 people. At the time of our inspection there were 22 people using the service. The home is set close to Babbacombe Downs, the sea and local shops and services.

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

Quality assurance systems did not always effectively identify areas for improvement. Medicines audits were not effective because they did not identify where improvements were needed and who was responsible for ensuring action was taken. The provider had not identified there was not always a first aid trained member of staff on duty at night. Maintenance issues with the call bell system meant the registered manager was not able to establish how long staff were taking to answer call bells. Records relating to the care provided did not contain sufficient detail to establish what care people had received throughout the day. Some maintenance tasks had not been completed for several weeks, including weekly fire tests.

The risk of people falling or developing pressure damage were not always fully assessed or monitored, which increased the potential of people being at risk of harm. Systems did not always work effectively to ensure safeguarding concerns were appropriately recorded, reported and investigated. However, we found no evidence of harm to individuals. Staff, health professionals and people's family members told us they felt clinical needs were well met. People's families were reassured their relatives were safe at Woodland Park. One said, "I feel she is safe there; they look after her pretty well." Another said, "I feel she is safe; I know all the girls, it reassures you." People received their medicines safely, however, records were not always completed in line with best practice or the provider's medication policy. This meant, for example, it was not clear when timed medication had been administered.

We recommended the provider review procedures to ensure medicines are administered and recorded in line with their medication policy.

We received mixed feedback regarding staffing levels. Some people and their families told us there were not enough staff, and that it could sometimes take a long time for call bells to be answered. Other people's family members said there were enough staff, and they had no concerns. Staff told us people received safe care, and staffing levels were generally sufficient at the planned levels. Staff were recruited safely, and appropriate employment checks were made prior to staff starting work.

We recommended the provider ensure their dependency tool considered people's individual needs to ensure safe staffing levels.

Assessments of people's needs did not always include their personal preferences, emotional, social, cultural, religious or spiritual needs. Four people who were admitted to the home in July and August 2022 had no personalised care plans in place and a fourth person had a short-term care plan in place which lacked

personalised detail. Staff told us that whilst care plans did not always contain personalised information, they did know people well, endeavour to find out their individual preferences and shared this informally as a staff team. Staff had sufficient skills and experience to meet people's needs.

People were supported to work with other health professionals and access health appointments. One relative told us how staff were working with their loved one and health professionals to alter their medication regime so the person could be better supported in the community. They told us, "They are changing it so they can open up her options, to go home with district nursing support or to a residential home."

The culture of the service was positive, and people were supported to achieve the best outcomes for them. For example, one person had made significant improvement whilst at the service and was moving on to live in the community with support. Staff felt well supported by the registered manager. One staff member told us, "[registered manager] is lovely, the biggest support, she brings so much joy and her energy's great." People and their families were asked for feedback about the service. Staff worked openly with other health professionals and made appropriate alerts when things went wrong. People's families told us the registered manager was responsive when they raised concerns. One said, "When I have raised things, they have gone and sorted it out." A second family member said, "They always tell me what's happened, they have been amazing."

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

The last rating for this service was good (7 May 2019).

At our last inspection we recommended the service ensure the medicines administration policy was updated in line with professional guidance, to include covert medicines administration, transcribing of changes to prescriptions and 'as required' medicines procedures. At this inspection we found the medicines administration policy had been updated.

Why we inspected

We received concerns in relation to the quality and safety of care people received, staffing levels, staff skills and experience and poor maintenance of equipment. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall 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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding, person-centred care and good governance at this inspection.

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 and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The 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

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service well-led?

The service was not always well led

Requires Improvement ●

Woodland Park

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one inspector, a specialist adviser with experience in nursing care 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

Woodland Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodland Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 31 August 2022 and ended on 16 September 2022. We visited the location on 31 August 2022 and 14 September 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with seven members of staff including the registered manager and deputy manager. We spoke with six people, observed staff interactions with people in communal areas and spoke with 10 peoples relatives. We reviewed 10 peoples care records, and nine peoples nursing and medication records. We reviewed three staff files and records relating to maintenance, fire safety, complaints and quality assurance. We also reviewed policies relating to medicines, infection prevention and control and safeguarding.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Risks were not always fully assessed or monitored, and where risks had been assessed there was limited information to guide staff as to how to manage the risk safely.
- Some risk assessments had not been completed. For example, one person had no falls risk assessment. A second person had no malnutrition screening tool and a third no falls, malnutrition or pressure damage risk assessments.
- Risk assessments that had been completed did not always take people's individual circumstances into account when assessing the risk. For example, the falls risk assessment tool did not consider information such as a person's medication, age, and any previous falls they may have had. This meant the level of risk might not always be assessed correctly.
- Two people's care plans did not contain any information to tell staff how to provide safe catheter care. We asked four members of staff how a catheter port should be cleaned; each staff member gave a different answer. This lack of clarity meant people were at a potential increased risk of infection.
- Other medical devices being used by people included oxygen, percutaneous endoscopic gastrostomy (PEG) a nebuliser and a blood glucose monitor. There were no care plans in relation to operating the medical devices safely. Records were not kept to show how medical devices were kept clean.
- There was not always a first aid trained member of staff on site at night. An on-call trained nurse was always available and able to attend the home within a short space of time. However, this potentially put people at risk if emergency first aid was required such as a cardiac arrest or heavy bleeding.

We found no evidence of harm to individuals. However, the potential of people being at risk of harm was increased because risks were not always fully assessed, monitored or managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's families told us they felt their relative's clinical needs were well met. One family member said the way staff had responded when their loved one became unwell, "It gives me confidence they can cope. When they can't deal with it, they have enough common sense to contact the medical people to sort it out."
- One person's care plan contained good detail about their medical condition, what symptoms they may have when becoming unwell and what action staff should take.
- A health professional told us they had confidence in the clinical care people received, and staff had done "a marvellous job" with one person they recently supported.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems did not work effectively to ensure safeguarding concerns were appropriately recorded, reported and investigated.
- Records showed three people had complained staff members had been rough with them in February and March 2022. One person said they had a bruise which was very sore, and staff were 'putting him to bed with force and not using equipment required.' Another note said one person had said carers were 'hurting her'. Staff had recorded these concerns in a communication book; however, they had not informed the registered manager who therefore was not able to investigate or raise the concerns with the local authority.

Systems and processes did not always safeguard people from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above, information about how to raise safeguarding concerns was available to staff and staff told us they felt comfortable raising concerns and felt confident managers would address them appropriately.
- The registered manager took action to address the recording of complaints which might constitute a safeguarding concern, and had spoken with the staff and people concerned by the second day of inspection.
- The registered manager raised safeguarding concerns appropriately when they were aware of information of concern.
- People's families told us they felt their relatives were safe at Woodland Park. One said, "I feel she is safe there; they look after her pretty well." Another said, "I feel she is safe; I know all the girls, it reassures you."

Using medicines safely

At our last inspection we recommended the service ensured the medicines administration policy was updated in line with professional guidance, to include covert medicines administration, transcribing of changes to prescriptions and 'as required' medicines procedures. At this inspection we found the medicines administration policy had been updated.

- People received their medicines safely, however, records were not always completed in line with best practice or the providers medication policy.
- For example, two people's insulin had not been dated when opened. This meant staff might not know when it's efficiency would be reduced.
- Staff did not always record when they administered timed medicines. This meant there was a risk people might not receive their medicines at the correct time or in line with prescribing instructions.
- Not all handwritten entries on the medication record had been signed by two staff in line with best practice and the providers medication policy.

We recommended the provider review procedures to ensure medicines are administered and recorded in line with their medication policy.

Staffing and recruitment

- We received mixed feedback from people and their relatives regarding staffing levels.
- The registered manager used a dependency tool to indicate how many staff were needed. However, the tool did not take each individual person's care needs into account. For example, it assumed the 12 people identified as 'high dependency' all required the same amount of care hours per week.
- One person told us, "Staff are always so busy. They constantly remind me how short staffed they are, they have no time, and everything is rushed." Another person told us they often have to wait a long time for staff

to respond.

- One person's family member said, "When [relative] presses her bell they leave her for a long time." Another relative said, "I think they are bit short staffed sometimes, they say they are always quite stressed and got a lot to do. I think they are short staffed at night-time. She says, she rings the bell and she has to wait for thirty minutes at night-time."
- Staff told us there were sufficient staff when the planned number of care staff were on shift, but staff sickness impacted on the ability to answer call bells promptly.
- Staff felt people received safe care. One member of staff told us, "Everybody is doing their best, we try to tell staff even if it's short, there's no need to rush. Just to relax and help each other."
- Other people's family members felt there were enough staff. One told us, "There are plenty of staff." Another said, "They always help when she needs it." A third person's family member said their relative "has never said to me she's been left waiting; she had said she's happy."
- Staff were recruited safely, and appropriate employment checks were made prior to staff starting work.

We recommended the provider ensure their dependency tool considered people's individual needs to ensure safe staffing levels.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to have visitors. The provider's policy on visiting did place some restrictions on visiting that were not required by government guidance, such as booking appointments in advance, people and their families did not raise any concerns about this arrangement. People nearing the end of their lives were supported to have unrestricted visiting.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Assessments of people's needs did not always include their personal preferences, emotional, social, cultural religious or spiritual needs.
- When people were admitted to the service a 'tick list' was completed to indicate people's basic care needs. This told staff, for example, a person required assistance from two staff to wash and dress but did not detail their personal preferences such as what time they liked to get up or how they liked to be assisted.
- Four people who were admitted to the home in July and August had no personalised care plans in place and a fourth person had a short-term care plan in place which also lacked personal detail.
- Some people living at Woodland Park were living with dementia, and others were unable to communicate their choices and preferences due to their medical conditions or ill health. This made it difficult for staff to know how to meet their individual needs when there was no personalised care plan in place. One staff member told us, "There's not enough background [information] about people's personalities, I wanted to know about [name's] life but there was none of that, it was just medical information."
- People did not have end of life care plans in place, despite the home providing a significant amount of end of life care. This meant people and their relatives did not always have the opportunity to express their wishes and personal preferences and staff might not know how to meet their needs at the end of their life.

Peoples needs and choices were not always fully assessed. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Two people out of the ten we reviewed had detailed and personalised care plans. They included photographs and details of things they liked, and things that were important to them.
- Staff told us that whilst care plans did not always contain personalised information, they did know people well, endeavour to find out their individual preferences and shared this informally as a staff team. One staff member said, "It's sometimes difficult and we don't have the paperwork but working with them it's like a family, you know them." One person told us they were "being well looked after".
- The registered manager recognised the model of care they were providing was changing, in response to local need, and their care planning systems would need to reflect this. They had started work on a new care plan format.
- Catering staff had the information they needed to ensure peoples food was prepared in line with their individual needs. For example, where people required a modified texture, or had an allergy.
- Feedback from people living at the home about the quality of food was positive.

Staff support: induction, training, skills and experience

- Staff had sufficient skills and experience to meet people's needs.
- Many of the staff had worked at the service for a long time. Staff completed training online, informally, and with external health professionals.
- Staff told us they had the skills to meet people's needs, and where no formal training had been completed, they told us trained staff had provided support and instruction. One staff member told us, "It's learning as you go. Like blood pressure, and finger pricks for diabetes, the nurse showed me." Another staff member said, "The nurses indicate clearly what we can do and what we shouldn't do, especially when there is new staff."
- A member of clinical staff told us they felt confident in the ability of staff and care staff knew when to escalate concerns to a qualified nurse.
- Staff received regular supervision and told us they felt well supported.
- The registered manager said they were well supported by the provider, and the provider had completed an annual appraisal with them.

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

- Staff worked with other health professionals to ensure people had access to healthcare services and support.
- Staff regularly worked with other health professionals due to the complexity of the care they were providing. One health professional told us they had done a "marvellous job" with a person they had recently supported.
- Staff worked closely with tissue viability specialist nurses who told us staff were good at making referrals at the appropriate time and managed complex pressure sores well.
- People were supported to work with other health professionals and access health appointments.
- One person's family member told us how staff were working with their relative and health professionals to alter their medication regime so the person could be better supported in the community. They told us, "They are changing it so they can open up her options, to go home with district nursing support or to a residential home. I am getting all the information [I ask for] and it makes me confident in what they are doing."

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

- The physical environment met the needs of the people using the service.
- The nature of the care being provided meant a lot of people were being cared for in bed. The communal space available was sufficient for the people wishing to use it at the time of inspection. However, it may not be sufficient if more people wanted to use it in the future.
- The communal areas were homely and welcoming. People who wished to made use of the outside space and seating area.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were working within the principles of the MCA.
- Staff completed capacity assessments where there was reason to doubt a person's capacity to make a decision and appropriate applications to deprive people of their liberty were made to the local authority where appropriate.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems did not always effectively identify areas for improvement.
- Medicines audits were not being completed monthly, in line with the services quality matrix.
- The medicines 'stock check' being completed was not an effective audit tool, did not identify where improvements were needed and who was responsible for ensuring action was taken. For example, a 'creams/label/date' box was unchecked during a recent stock check, indicating it was not compliant, however no detail was recorded as to what the findings of the audit were or what action was needed.
- The providers 'home audit' found staffing levels to be adequate in May 2022 but it did not identify call bells were regularly recorded as being left ringing for long periods of time. For example, data from 20 days in August 2022 showed 28% of call bells ringing for 4 minutes or longer, with just over half of those ringing for between eight minutes and one hour.
- Staff told us the call bell system had been an ongoing concern. One said, "You can go and switch them off but all of a sudden they'll go off again." Another staff member said, "[Room number] is terrible for that. You'll go and answer and come back down and it's still ringing, you can go up and down five times and it will look like it's been ringing for 20 minutes, but it really hasn't."
- People, relatives and health professionals had raised concerns about call bell response times and the registered manager had used the call bell data to investigate one concern. The failure to address the maintenance issues with the system meant the registered manager could not establish how long staff were taking to answer call bells, or investigate complaints relating to wait times effectively.
- A health and safety audit dated July 2022 included a check that there was a qualified first aider on site. It was recorded that a qualified nurse was on-site but failed to take into account the peripatetic nursing system overnight where the qualified nurse may be away from the home, and did not identify that care staff did not have first aid training.
- Records relating to the care provided did not contain sufficient detail to establish what care people had received throughout the day. For example, when people had been assisted with continence care. This meant managers could not ensure effective oversight of the care being provided.
- The training matrix was not kept up to date and did not reflect some of the informal and peer training staff had completed.
- The maintenance person had left their employment in June 2022. Whilst a replacement was recruited and started work during this inspection process, no alternative arrangements had been made to ensure routine fire safety tests and legionella tests continued in the absence of a maintenance person. Because there had been no maintenance person, repairs to the premises and equipment had not been completed. This

included broken radiator covers, bed rails and a hole in one person's bedroom wall.

- The registered manager did not always identify risks relating to people's privacy and data protection. For example, staff were using personal mobile phones to take photographs of people's wounds, including intimate body parts, and emailing them to the service from their personal email. The registered manager assured us they would address this immediately.

Quality assurance systems did not always identify or manage risks and regulatory requirements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was positive, and people were supported to achieve the best outcomes for them. For example, the registered manager had been creative in finding ways to empower one person to support their move towards independence by bringing their dog in for them to look after.

- Staff felt well supported by the registered manager. One staff member told us, "[registered manager] is lovely, the biggest support, she brings so much joy and her energy's great." A second staff member said, "She is brilliant, if you tell her a problem, she always takes action on it."

- People and their families were asked for feedback. Staff had recently sent surveys to family members to seek feedback. One family member told us, "The deputy manager sent an email, introducing themselves and saying any concerns please contact them and give any feedback."

- Staff told us they could give open feedback and suggestions. One staff member said, "The good thing about [registered manager] is that she's approachable. You can talk to her spontaneously."

- The provider demonstrated they were committed to supporting staff and made adjustments where necessary to ensure staff were supported. This supportive culture was evident throughout the service. A health professional told us, "I'm always made welcome. Staff are open and honest and never put on a show. [The registered manager] is very caring, and it disseminates down through her staff and they always advocate for their residents."

Working in partnership with others; 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

- Staff worked openly with other health professionals and made appropriate alerts when things went wrong.

- The registered manager understood their responsibilities under the duty of candour.

- People's families told us the management team were responsive when they raised concerns. One said, "When I have raised things, they have gone and sorted it out." A second family member said, "They always tell me what's happened, they have been amazing."

Continuous learning and improving care

- Staff were supported to develop their own skills and knowledge both formally and informally.

- The registered manager recognised where more formal training would benefit staff. Some staff were due to attend end of life training shortly after this inspection.

- The home was in the early stages of an innovative 'HoloLense' project with local NHS and local authority partners. This mixed reality technology was being trialled to enable remote clinicians to give support to care home staff to reduce the number of on-site visits. For example, by reviewing an area of pressure damage and providing advice. If successful this would both enable staff to seek advice from health professionals more quickly, but also ease system pressures by reducing health professionals travel time and maximising face to face appointment time for those who need 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Peoples needs and choices were not always fully assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The potential of people being at risk of harm was increased because risks were not always fully assessed, monitored or managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes did not always safeguard people form the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems did not always identify or manage risks and regulatory requirements.