

Mission Care

# Homefield

## Inspection report

1 Lime Close  
Bromley  
BR1 2EF

Tel: 02082897932

Website: [www.missioncare.org.uk](http://www.missioncare.org.uk)

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Homefield provides nursing and personal care and support to older people, some of whom were living with dementia. At the time of the inspection, there were 41 people using the service.

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

People were not always protected from risks associated with their care and support. Risks were not always comprehensively assessed and documented within care plans and records. The service did not always work within the principles of the Mental Capacity Act (MCA). Systems and processes in place for managing and administering medicines was not always safe. We have made a recommendation to the provider referring to best practice for medicines management.

Care plans did not always identify and or reflect details of individual preferences or contain correct information about people's needs, wishes and the support they needed to make decisions. Systems and processes in place for monitoring the quality and safety of the service were not effective in identifying the issues and concerns we found at this inspection. Actions were taken during and after the inspection to address these issues and concerns.

People told us they felt safe. Staff knew what action to take if they had any concerns. Accidents and incidents were managed and acted on. Safe recruitment practices were in place. People were protected from the risk of infection. Staff were supported through training and supervision. People were supported to maintain a healthy diet and had access to health care professionals when required.

People told us staff were caring and kind and they respected their dignity and independence. Care records were reflective of individuals needs and preferences. People were aware of the complaints procedures and knew how to raise a complaint. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 18 November 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We have identified breaches in relation for the need for consent, safe care and treatment and good governance. We have also made a recommendation about safe medicines management.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standard 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.

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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Homefield

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by 2 inspectors and a specialist nurse advisor.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people using the service about their experience of the care provided. We carried out observations of the support provided to people in communal areas. We also spoke with 9 relatives of people using the service and asked them for their experiences. We spoke with 11 members of staff including the registered manager, clinical director, nursing staff, care staff, kitchen staff, activities coordinator and the maintenance team. We reviewed a range of records including 10 people's care and medicines records, staff records in relation to recruitment and training and other records relating to the management of the service, such as audits and policies and procedures.

# 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

- The provider did not always assess risks to ensure people were safe. Risks to people were not always identified and assessments were not always detailed and documented to ensure people's needs and risks were mitigated and managed safely.
- A person's care plan stated they had epilepsy and was at risk of seizures. However, there were no risk assessments in place for epilepsy and seizure support nor was there guidance for staff on what to do in the event of a seizure. This placed the person at potential harm.
- Another care plan failed to document the person's need for and use of pressure relieving equipment to minimise and mitigate their risk of pressure sores.
- A third person had a suprapubic catheter in situ. There was no risk assessment, information or details documented within their care plan about how staff might need to support them with this.
- Other care plans and records contained conflicting information and guidance for staff. For example, a person's emotional support care plan stated that they entered other people's rooms on occasions, however, their mobility care plan documented the person was non weight bearing and could not walk. Another mobility care plan stated a person needed to be turned every 4 hours, but in another plan it stated that they could move independently in bed. On the providers electronic system it recorded they should be repositioned every 2 hours. Records were inconsistent and it was uncertain whether the person's repositioning was being managed, monitored and risks were mitigated.

Whilst we did not find that people had come to any harm, people were at risk of receiving unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were systems in place to deal with emergencies and environmental and equipment safety checks were completed.

### Using medicines safely

- There were medicines management systems and processes in place, however, these were not always effective in ensuring people received their medicines safely as prescribed.
- PRN protocols, 'as required' medicines protocols were not always in place where needed to guide staff in the safe administration of medicines. This meant that people may not always receive medicines when required.
- Medication Administration Records (MARs) were not always signed by 2 staff in line with requirements and best practice guidance. Records for one person, who needed insulin to control diabetes, were not clear

about how staff should calculate how much insulin was needed. The MAR was signed as administered but the amount was not.

We recommend the provider maintains an effective system to monitor and review the protocols for 'when required' medicines. MAR's are checked and reviewed to ensure medicines management and records are kept in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. A person told us, "I feel safe here, the staff are good."
- Safeguarding policies and procedures were in place and up to date to help keep people safe.
- Staff had received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff we spoke with understood the different types of abuse, and the signs to look for. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice.
- There were systems in place to oversee learning from safeguarding and accidents and incidents.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff and they operated safe recruitment processes.
- Whilst we observed call bells and people's requests for support were responded to promptly by staff throughout our inspection, we did observe that staff did not appear to have time to support people with their meals and interact with them at lunchtime in the dining rooms. We brought this to the registered managers attention who told us that they would review people's meal time experiences and staff deployment.
- Staff told us they felt there were enough staff to meet people's needs safely and management support was always available if needed. A member of staff commented, "There are enough staff to provide safe care to people. We are busy sometimes but there are enough of us. The manager is very good, very supportive."
- Robust recruitment procedures were in place to ensure people were protected from harm. Recruitment records included applications, employment histories, references, health declarations, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents, incidents and safeguarding concerns were monitored on a regular basis to support learning from them. The registered manager undertook regular audits which showed clear actions taken where required to address identified areas. However, there were no systems in place to oversee and identify themes and trends as a way of preventing reoccurrence. We spoke with the registered manager and clinical director who told us they were in the process of developing a system which would provide them with good service oversight. We will check on this at our next inspection of the service.
- Records showed staff identified risks and understood the importance of reporting and recording accidents and incidents. Staff took appropriate actions where required and sought support from health and social care professionals.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was using PPE effectively and safely.



- Cleaning schedules, audits and checks were in place to ensure a safe and clean environment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people 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 responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were able to receive visitors without restrictions in line with current guidance. Visitors were supported to follow government guidance on hand washing and sanitising.

# 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.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working within the principles of the MCA.
- Mental capacity and best interests assessments had not been completed in line with legal requirements, guidance and best practice when people had been assessed as lacking capacity or had fluctuating capacity to make decisions about their care.
- Assessments of people's capacity to make specific decisions, to consent and where required best interest assessments to determine actions to take, were not detailed and comprehensively completed by staff. For example, a MCA documented that the person lacked capacity to manage their medicines and required their medicines to be administered covertly. The covert administration of medication is the practice of hiding medication in food or drink so that it will be undetected by the person receiving the medication. Medication may be crushed or in a liquid form. The MCA failed to specify the correct decision and appeared to have been copied from another decision. There was no evidence of input from a pharmacist on how medication could be given e.g. crushed. There was no documentation to confirm that the GP and pharmacist were consulted about the decision in line with the MCA.
- Assessments failed to document what decisions were to be made and following these, best interest decisions were not completed or documented. This meant the least restrictive options for people had not been considered and people's decisions and choices may be restricted.

The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Most people spoke positively about the food on offer at the home. Comments included, "It's very tasty, I like it", "[Relative] enjoys their meals", "Meals are ok and we get choice", and "There's always something I like". However, a person told us that they thought the food was 'dull' and they were not offered choice. We drew this to the registered managers attention so these issues could be addressed.
- We observed people having their lunch in several of the dining areas. Where required, people were supported to eat and drink by staff in an unhurried and caring manner. However, we observed that staff deployment on one floor made it difficult for staff to support everyone to eat their meals at the same time with some people waiting long after others had finished to be supported. We drew this to the registered managers attention who told us they would ensure staff were available to support people with their meals promptly improving their mealtime experience.
- People were offered food and drink choices at mealtimes and throughout the day. Specialised diets were provided to those who required them.
- People's nutrition and hydration needs and preferences were documented with their care plans and reviewed.

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- The provider had an initial assessment process in place which consulted with people and their relatives where appropriate, as part of this process.
- Assessments of people's needs were completed before they moved into the service. This ensured staff could meet people's needs and wishes effectively.
- Assessments contained information about people's needs and preferences and what was important to them. Assessments also covered areas such as physical and mental health and family and social networks amongst others.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. A member of staff told us, "We have training on a regular basis to make sure we are always kept up to date with best practice."
- Staff completed training that was relevant to people's needs. Training included safeguarding, medicines management, equality and diversity, diabetes care and epilepsy amongst others.
- Staff told us and records demonstrated they received regular supervision and attended meetings. Staff said they felt supported by the registered manager and provider.
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- People were supported to access health and social care services when required. Referrals to additional

support services such as occupational therapy, speech and language teams and dieticians were made promptly by staff when required.

- People's health needs were recorded within their care plan detailing any support required from staff to meet their needs. Records showed multi-professional working with professionals such as, GP's ensuring people's needs were met appropriately.

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

- People's individual needs were not always appropriately met by the adaption, design and decoration of the premises.

- We observed many people were living with dementia, and although staff knew people, well the home environment was not particularly dementia friendly. For example, there was limited dementia friendly signage and décor, and poor use of dementia friendly colours including the ground floor hall handrails which were the same colour as the walls and not easily identifiable.

- We observed that parts of the home were tired and in need of redecoration. People and their relatives told us they felt the home needed some redecoration. Comments included, "On first impressions the décor was not very inviting, but the staff are lovely", "My room and the general environment is quite drab" and, "It could do with a fresh lick of paint."

- We spoke with the registered manager who told us that a redecoration programme was underway and the provider was considering ways to make the environment more dementia friendly with better use of colour and furnishings. We will check on these improvements at the next inspection.

# Is the service caring?

## Our findings

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

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

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

- People were well supported.
- People and their relatives told us staff were respectful and treated them with kindness. Comments included, "They [staff] are lovely", "[Relative] gets good care, they [staff] do a great job, it's a tough job and they do it well", "I like it here, the staff are very friendly", and "Staff are lovely and kind."
- Most staff had been working at the service for many years and had built caring respectful relationships with people. Staff understood the importance of working within the principles of the Equality Act to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- People's diverse needs were assessed and supported by staff. Assessments included people's needs relating to any protected characteristics in line with the Equality Act and care plans recorded information about people's relationships, cultural preferences and religious beliefs. A member of staff commented, "It's important to listen to how people want their care and support, every person is different."
- People were supported to meet their cultural and religious needs. A member of staff told us, "This is a Christian organisation but all faiths are welcome. A Christian minister visits the home and offers religious services to those who wish to attend. We also use relevant TV channels and radio stations for people who wish to participate in church services."

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

- People were supported to express their views and make decisions about their care.
- People and their relatives where appropriate, were involved in making decisions about their support. People and their relatives were supported to be involved in reviews of their care, during which they had the opportunity to share their views and wishes. Resident and relatives meetings were also held on a regular basis to seek people's feedback on the service and to help drive improvements.
- People were paired with a member of staff who was named as their keyworker. Staff told us the role of key workers was defined by supporting people with personal activities and getting to know their individual wishes and aspirations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- We observed people participating in 'Slow Yoga' helping them to enhance mobility and independence. People told us they enjoyed this activity which was held on a regular basis. One person commented, "I enjoy doing it, it keeps me active."

- People were supported to personalise their rooms and were consulted and asked for their views about the service through residents meetings.
- People's confidential information was kept securely.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were supported in line with their needs and preferences.
- People's needs were assessed, documented and reviewed to ensure their wishes were met. A person told us, "They [staff] look after me, I get what I ask for." A relative commented, "Staff are very friendly. They always check to make sure we are happy with the care or if any changes are needed."
- Care plans documented people's physical, emotional and mental health needs including their life stories and the things that are important to them.
  
- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- People and their relatives where appropriate, were consulted and encouraged to discuss their advanced end of life needs and wishes.
- Care plans were implemented to reflect people's wishes for their end of life care. These ensured staff were aware of people's wishes and needs at the appropriate time.

Meeting people's communication needs

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

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported. People's communication needs were assessed and documented to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the provider produced information in different formats that met people's needs where required. For example, staff used picture cards to support people living with dementia to make meal choices at mealtimes.

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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. A person told us, "I enjoy the games we play and we also have entertainers visit."
- During our inspection we observed staff leading and supporting people to participate in chair exercises

and singing activities.

- There were regular weekly activities planned which included exercise, film nights, singing, baking, quizzes and bingo. A weekly plan of activities was on display throughout the home for people to see. Birthdays were celebrated, and other notable events, for example, the King's birthday.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. A person told us, "If I have any issues I just tell the staff, they are very good."
- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy. The provider had up to date policies and procedures in place for managing complaints and these were accessible to staff, people and their relatives.



# 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

- Systems and processes in place for monitoring the quality and safety of the service were not always effective in identifying and addressing issues and concerns we found at this inspection.
- Although regular audits had taken place, these systems had failed to identify the issues we found. For example, risks to people were not always identified and assessments were not always detailed and documented to ensure people's needs and risks were mitigated and managed safely. Medicines were not always managed safely and staff were not always working within the principles and guidance of the MCA. These issues required improvement.

We found no evidence that people had been harmed, however, systems in place to monitor and improve the quality of the service were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager responded to the issues and concerns we identified at our inspection and took actions to address them during and after the inspection.
- Audits and checks were in place and conducted on a regular basis for other areas of the service such as, accidents and incidents, complaints, health and safety, infection prevention and control and the home environment including equipment safety checks and maintenance.

Continuous learning and improving care

- The provider had created a learning culture which help to improve the care people received.
- Staff were committed to working effectively in partnership with other agencies to achieve positive outcomes for people.
- There was a complaints and compliments system in place which was used to analyse trends and themes. Compliments and complaints were shared with the staff team to help support service improvements and to enhance staff morale.
- There was a staffing structure in place and staff understood their roles, responsibilities and contributions to the service.
- At the time of our inspection there was an experienced registered manager in post. They were aware of their responsibilities regarding the Health and Social Care Act 2008. The registered manager spoke about the importance of implementing service improvements and ensuring that people received the best possible

care and support.

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

- There was an open culture and staff were involved in the running of the service.
- People, relatives and staff spoke positively about management and the service. Comments included, "The manager is very good. She listens and always tries to help", "The staff are lovely, everyone is friendly", "It's a nice place and everyone is friendly", and "Carers do their best, they do care."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Throughout our inspection management and staff acted with openness and transparency.
- The management team demonstrated good knowledge of people's needs and the needs of the staffing team.

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

- People and staff were involved in the running of the service. The provider understood and took into account people's protected characteristics.
- The provider sought people's views about the service through surveys and meetings that were held on a regular basis. We looked at the result for the residents survey 2023. Results were positive showing that 100% of respondents said they 'strongly agreed' or 'agreed' that 'the care and support they received is of a high standard' and 100% of respondents said they 'strongly agreed' or 'agreed' that 'they felt staff treated them with dignity and respect'.
- People told us they felt comfortable speaking with staff and had discussions with them at meetings where they could talk about things that were important to them.
- Staff told us they had regular supervision, appraisals and staff meetings which provided them with opportunities to share and learn within the service. One member of staff told us, "I really enjoy my work. The manager is very supportive, the training is good and the staff work well together."

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with health and social care professionals to ensure they followed best practice guidance. Records showed staff maintained regular contact with health and social care professionals, and the local authority when required to share information and best practice.
- Staff worked effectively with health and social care professionals such as, GP's community mental health teams and local hospices to ensure people received good care and support.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had not acted in accordance with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure care and treatment was provided in a safe way. Risks relating to the safety and well-being of people using the service were not consistently assessed, recorded, managed and mitigated.
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	Systems in place to monitor and improve the quality of the service were not always effective.