

Westgate Healthcare Limited

The Chestnuts Nursing and Dementia Care Home

Inspection report

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22 June 2016

31 August 2016

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21, 22 June and 31 August 2016 and was unannounced on 21 June and 31 August.

The Chestnuts Nursing Home is registered to provide accommodation, nursing and personal care for up to 45 older people. At the time of the inspection there were 43 people living at the home some of whom were living with dementia.

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

We found that not all care plans were personalised for people who used the service, and did not contain all of the necessary information to enable staff to support them safely.

People did not receive their medicines safely because robust systems were not in place to manage prescribed medicines consistently and safely.

Staff supported people to make choices about their care. However, people did not always have their legal rights respected because sufficient systems were not in place to ensure that they received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People in the dementia unit were accommodated on the top floor. We saw that the environment was not suitably adapted to meet their needs and we have made a recommendation about this.

People told us they felt safe in the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Staff had received safeguarding adults training and were aware of the actions they needed to take if they had concerns regarding people's safety. Risks to people's health and wellbeing were identified, recorded, reviewed and managed. The provider's recruitment process ensured that staff were suitable to work with people who needed support.

Staffing levels were sufficient to meet people's needs. Systems were in place to review staffing levels in line with people's needs.

Staff received regular training and supervision that provided them with the knowledge and skills to meet people's needs.

People told us that they were happy with the food and drink and were provided with appropriate food of their choice so that their nutritional needs were met.

The registered manager was aware of the requirements of their registration with us and notified us of significant events related to care provision. A variety of audits were carried out by the provider and used to drive improvements in the service.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People did not receive their medicines appropriately and safely.

Risks were identified and sufficient systems were in place to ensure that people were supported safely by staff.

The provider's recruitment process ensured that staff were suitable to work with people who needed support. There were enough staff available to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. People did not always have their legal rights respected because sufficient systems were not in place to ensure that they received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The environment did not meet people's needs, especially for people living in the dementia unit.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to support people who used the service.

People told us that they were happy with the food and drink provided.

People's health was monitored and they received the healthcare they needed to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were kind and caring.

People received care and support from staff who knew their likes and preferences.

Staff provided caring support to people at the end of their life.

People were able to make decisions about their daily activities.

Good ●

Is the service responsive?

The service was not always responsive. Care plans and records were not sufficiently detailed and individualised to ensure that people's needs were met fully and responsively.

People who used the service and their relatives were encouraged to give feedback about the service and to use the complaints system. Complaints were recorded and responded to within stated timescales.

The provider had an activities programme which most people told us they enjoyed.

Requires Improvement 

Is the service well-led?

The service was not always well-led. Although checks and audits had identified shortfalls found during this inspection, processes were not in place to enable the manager to meet regulatory requirements.

People were happy with the way the service was managed and said that any concerns were taken seriously and dealt with.

Staff told us that the registered manager was accessible, approachable and they felt well supported.

The provider sought feedback from people about the quality of service provided and their comments were listened to and addressed.

The management team monitored the quality of the service to ensure that people received the support they needed.

Requires Improvement 

The Chestnuts Nursing and Dementia Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 21, 22 June and 31 August 2016 and was unannounced on 21 June and 31 August. The inspection team consisted of one inspector and a specialist advisor who was experienced in nursing care. As part of this inspection, a pharmacist inspector also carried out an inspection of medicine management on 27 June 2016.

At our previous inspection in September 2014, the service was compliant with the regulations we inspected.

Before our inspection, we reviewed the information we held about the service which included notifications of incidents that the registered persons had sent us since the service was registered. These are events that the registered persons are required to tell us about. We also reviewed information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs. We also looked at the report of a visit carried out by Redbridge Health watch in May 2016.

During the inspection we spoke with 12 people who use the service and three people's relatives. We spoke with three nurses, ten staff, the registered manager and the operations manager. We looked at six people's care records and other records relating to the management of the home. This included five staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicine records.

Is the service safe?

Our findings

People who used the service told us they felt "safe", had "no concerns" and were happy living at the home. A relative told us, "My [parent] is well looked after otherwise she wouldn't be here." Two other people nodded when asked if they felt safe. Although we observed from people's body language and interaction with staff that they felt comfortable in the home we found that, the service was not always safe.

We found that the system for medicines management was not robust because people did not receive their medicines safely. Registered nurses who were in charge of each shift managed and administered medicines to people.

We saw that the morning medicines round was not completed until 11.15am. The medicines were prescribed to be administered to people at 08:00. This meant that the medicine round took three hours and some people received their medicines later than prescribed. Staff did not indicate on the medicine administration record (MAR), which medicines had been given later than the prescribed time, and the reason for this but signed the MAR as if medicines had been given at 08:00. Some people were prescribed time critical medicines for Parkinson's disease. The afternoon medicines round began at 13:00, which meant that not enough gap was left between the morning and afternoon doses between people's medicine administration. This meant that people did not have their medicines at the times they needed them meaning they were at risk of receiving unsafe treatment.

Medicines taken as needed or as required are known as 'PRN' medicines. Some people were prescribed PRN medicines for pain relief. Appropriate PRN protocols were not in place. Staff told us that they assessed people for pain by observing facial expression and body language especially if they were unable to voice pain. However, we did not see that staff carried out regular pain assessment for people prescribed these medicines, as there were no assessment tools or documentation of how and when these assessments were carried out. This meant staff may not know when or how often to administer medicines before seeking medical advice. A lack of clear records could lead to inconsistency in the administration of these medicines. Therefore people were not assisted to receive their prescribed medicines safely and appropriately.

Some medicines were not being stored at the correct temperatures to maintain the safety of medicines such as insulin. This presented a risk that medicine stored at an incorrect temperature may become desensitised and potentially ineffective. There was also lack of a proper protocol around the administration of covert medicines. All of the above concerns meant that medicines were not consistently managed in a safe and appropriate manner. At our inspection on 31 August the manager informed us that they had subscribed with a leading pharmacy in order to ensure safe systems were in place for medicine administration.

Risks to people were assessed and included the action needed to reduce the risks to people. Care plans showed staff assessed the risks to people's health, safety and welfare. The assessments included details of a person's mobility, dexterity, continence, nutrition and skin viability. Where risks were identified, the actions to minimise these were clearly stated so staff were aware of what they needed to do to keep people safe. For example, where a person had been identified as being at risk of falls, the action described in the risk

management plan was to monitor the person and highlighted the preventative measures that should be in place. These were reviewed monthly or more often when needed, including a record of changes to the level of risk and actions identified to address them. Therefore the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place to protect people. Staff confirmed they had read the policies and told us that they had received training in safeguarding adults. They demonstrated a good understanding of the safeguarding policies and procedures. They were able to describe the different types of abuse and the process they would follow should they have concerns. The provider had notified us about safeguarding incidents and taken action to make sure people living at the home were protected from risk of harm or abuse. Staff were aware of the home's whistle blowing policy. The whistle blowing policy enables staff to share serious concerns with appropriate agencies outside the home in a confidential manner.

There were sufficient staff to meet people's needs. Staffing comprised of two registered nurses per floor and seven care staff in addition to clinical managers, the registered manager, activities staff and ancillary staff. Staff and visitors felt there were enough care staff and registered nurses on duty. There was little use of agency care staff, as most shortfalls were met through use of bank staff. This helped to ensure consistency of care.

The provider had a robust recruitment and selection procedure in place. They carried out relevant checks when they employed staff in order to make sure they were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks and at least two written references. DBS checks help employers to make safe recruitment decisions by preventing unsuitable people from working with people. Proof of identity was obtained from each member of staff, including copies of their passport, driving licence and birth certificate. They carried out regular checks on all nursing staff, ensuring they had the appropriate registration to practice. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom. Staff disciplinary procedures were followed where issues were identified in their work practice in order to make sure people were kept safe.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were maintained and checked annually. Records also confirmed that appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency.

Is the service effective?

Our findings

People who used the service and relatives told us that staff knew what they were doing and how to support them. They spoke positively about the staff who supported them. When asked if they were happy with staff support, they told us "The staff are good" and "The staff are lovely and helpful."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had a basic knowledge about mental capacity but this had not been put into practice. The (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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The care plans contained records of a mental capacity assessment in relation to people making decisions about their care. We found that these were not completed accurately, and were not always dated and signed. They had not been updated to take into account people's changing capacity to make a decision at a specific point in time. This indicated that staff did not fully understand how or when to carry out mental capacity assessments and its application.

We found that person's records had a comprehensive capacity assessment and best interest documentation in relation to the use of bed rails. However, two other files had a bed rails risk assessment and a signed consent form, which had been signed by a next of kin without documenting if the next of kin had legal authorisation to sign for consent on the person's behalf. We were informed by the provider and saw that carrying out mental capacity assessments was work in progress.

We looked at records which had Do not attempt resuscitation and Cardio Pulmonary Resuscitation forms in place (DNACPR). We found that three forms had been signed by the person's next of kin, and GP. However, there were no accurate supporting capacity assessments to indicate that the person did not have capacity to make this decision. There wasn't sufficient evidence to state that the signing next of kin had legal authorisation for health and welfare to sign such a form on the person's behalf. The registered manager agreed that all resuscitation and best interest decisions would be reviewed to ensure that they were fully completed and meet legal requirements. Also that evidence of a relative's legal right to consent to treatment is obtained and held on file. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager and operations manager. They agreed that further work was needed to ensure staff fully understood the procedure to follow in order to protect people's human rights. They would ensure that any decisions made on their behalf in relation to care and treatment are only made when this is in their best interests and legally authorised under the MCA.

People living with dementia were accommodated in a separate dementia unit on the top floor. We saw that the environment in this unit was not suitably adapted to meet their needs and people were sitting in the lounge, their bedrooms or wondering around. There was little signage or other dementia appropriate equipment or sensory items for people living with dementia. Signs could be used throughout the home to assist people in identifying their bedroom, the toilets, bathrooms and other communal areas. The signage would enable people to increase their level of independence and offer an environment suitable for their needs. Hence, overall the environment in the dementia unit was not supportive for people living with dementia.

We also observed that people living with dementia were not engaged in any meaningful activities and needed support with both group and individual activities to avoid the risk of isolation. We saw that a dementia care review was instigated by the service and an action plan was in place to make improvements in the dementia unit. Implementation of the action plan was work in progress.

People were cared for by staff who received appropriate training and support and there was an annual training programme in place. Staff told us that before starting work, they received an induction. One member of staff told us "For induction, I was shown around and met the residents. I shadowed another staff member." Other staff confirmed this. All the staff we spoke with felt this equipped them for their role.

Staff confirmed they received on going training to support them in their role. One member of staff told us, "We have the chance to do training." Another said "We have done e-learning. All the training helps us to perform to the best of our ability." Records showed that staff had received training in a variety of areas relevant to their job role.

The registered manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) was approximately every three months. This was fully implemented after the manager was appointed. We saw that the manager had devised a "supervision responsibility tree" in order to ensure that all staff received regular supervision. Staff confirmed that this happened with their direct manager to discuss their work and identify any training and support needs.

People were supported to eat and drink sufficient amounts to meet their needs. They told us they were happy with the meals provided. One person told us, "The food is lovely, we get a choice". Another person said, "They write what I choose for breakfast and lunch. The food is really good." We saw that there were two meal choices on the menu and alternatives were provided to people who did not want either of the meal choices. People confirmed they were given a choice of meals throughout the week. Staff discreetly supported people who needed assistance with eating. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals which was followed.

We spoke with the cook who had a good understanding of people's dietary requirements and how to meet these. Details of people's dietary needs were displayed in the kitchen to ensure that if the main cook was not available, whoever was responsible for meals would have the necessary information to meet people's dietary needs. We saw that people were offered drinks throughout the day. People with special dietary needs such as diabetic and kosher/halal food were catered for.

People were supported to access the healthcare they needed to maintain their health and wellbeing. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietician and tissue viability nurses when needed. People's healthcare needs were monitored and

addressed to ensure that they remained as healthy as possible and the GP visited for a weekly 'surgery.' People confirmed that they had access to health care professionals and we saw this documented in their care records. One person told us, "They call the doctor if I am unwell and he comes once a week to check on me." Arrangements were also made for people to be reviewed by a range of health and social care professionals including their GP, physiotherapist, chiropodist, occupational therapist, social worker, dentist and optician.

Verbal daily handovers took place at the beginning of every shift. Staff told us they discussed issues and any changes to people's plan of care. This promoted staff's understanding of people's current care needs so that care and support could be delivered in a timely manner and in a way that met their needs.

There was a good standard of cleanliness and there were no unpleasant odours. There were supplies of personal protective equipment placed around the home, including gloves, aprons and sanitising hand gels to ensure the staff could maintain good levels of hygiene when caring for people.

The environment was in need of refurbishment and decoration. The manager informed us that there was a plan in place to maintain and improve the environment in order to ensure that people were cared for in a pleasant and safe environment.

Is the service caring?

Our findings

People and their relatives told us that staff had a caring approach. One person said, "The staff are nice. I have got a buzzer, if I need anything they come." Another person said, "The staff are lovely and helpful. They come to ask if we are alright." Relatives were also positive about the way staff looked after people. We saw that staff spoke about people in a caring way and displayed warmth when interacting with them.

Most people we spoke with needed some level of assistance from staff with personal care, which they received. They all commented they were treated with respect and their privacy and dignity were maintained. Staff said they respected people's privacy and dignity by knocking on doors before entering rooms. When supporting people with personal care they ensured they were not too exposed and that doors and curtains were closed. People were encouraged to remain as independent as possible and to do as much as they could for themselves. Care plans gave staff instructions on how to maintain people's independence and included information such as, "Encourage [Person's name] to wash themselves. Ensure dignity is maintained during transfers." Visitors told us they felt their relatives were well treated and no one we spoke with complained about the level of care provided.

Staff knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff said there was a regular staff team, good teamwork and that they worked flexibly to ensure that people were consistently cared for in a way that they preferred and needed.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people decided what they did, where they spent their time and what they ate. 'Residents and relatives' meetings had taken place and minutes of the meetings were displayed on the notice board. People were asked for their opinions about what happened at the service and to them.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP. Nursing staff had received training to enable them to effectively administer pain relieving medicines to people at the end of their life. This helped to ensure that people were comfortable and as pain free as possible. People benefitted from the support of a caring staff team.

The manager told us that people would be supported to access advocacy services if they required. We saw information displayed about advocacy services and the manager was aware of how to support people to access this service.

Is the service responsive?

Our findings

People were complimentary about the staff and the service. They told us staff were kind and considerate. and "I like it here. The staff are nice." Relatives praised the staff and commented "good home" and "people are well looked after."

Each person had a pre-admission assessment which had been carried out by the registered manager or trained staff. Care plans were then developed, outlining the areas of support they needed and how this should be carried out. For example, for nutrition, skin integrity, moving and handling, communication and personal care.

We found that the care plans were generalised, contained conflicting information and had not been updated, when people's needs changed. For example, during our visit on 21 June 2016, we found a care plan which stated "X needs to two people during personal care." However, another section stated that the person needed one staff to assist with this task. We also found conflicting information about the type of sling they required when using the hoist, stating "requires large sling" and another section stating "medium sling" required. For another person with diabetes who required regular monitoring of blood sugar the instruction stated check blood sugar twice a week. However, we found that it was only checked once a week. We discussed this with the nurse in charge who explained that this was because their diabetes was under control and therefore it was monitored weekly. However, the relevant section in their care plan had not been up dated during review. We also found that not everyone had documents demonstrating either they or their representatives had been involved in planning the care they were receiving. Some people living at the home had complex health conditions and high support needs. We found that the service had a high turnover of nursing staff and relied on agency staff to cover shifts. Therefore, it is essential to have clear up to date information and guidance about people's individual support needs and how these are to be met by staff. Without personalised care planning, people were at risk of not having their specific needs met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the above with the registered manager and the operations manager. They told us that this was an area that they were hoping to improve and work had already started. At our visit on 31 August, we found that the three care plans we looked at were person centred and work had commenced to review and update care plans and other documents

People were supported to access activities by a full-time activities co-ordinator. Activities that had recently taken place included sing-alongs, painting, and crafts. Staff told us about a barbecue they had arranged recently which was well attended by people and their relatives and enjoyed by all. Person centred activities encourage people to maintain their hobbies and interests and avoid isolation.

We also spent time in the dementia unit. We found that although there were some visual prompts, there were few photographs or other signs to support people in orientation of time and place. We did not observe any activities taking place with people living with dementia in this unit. A suitable environment for people

living with dementia would support people to maintain their independence.

A dementia care review had been carried out by a dementia specialist at the service. They had advised environmental changes and specific activities to be implemented. We recommend the provider refers further to the National Institute of Health and Care Excellence (NICE) guidelines as well as those made by the Alzheimers Society to make appropriate improvements in order to carry out person centred activities to encourage people to maintain their hobbies and interests and avoid isolation.

There was a complaints policy displayed throughout the service. This set out timeframes for investigating complaints and described how they would be investigated. Records confirmed that where issues had been raised they had been investigated in line with the service's policy and outcomes communicated to the people involved. We spoke with people who used the service, who told us that if they were unhappy they would not hesitate to speak with the registered manager or staff. They told us they were listened to and that felt confident about raising any concerns with the staff. One person said, "[Name of registered manager] is very good and quick to sort things out." Relatives told us that the registered manager was approachable and they could talk to them at any time. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

Is the service well-led?

Our findings

People and their relatives were positive about the home's management. They told us "If I was worried about something I would tell the manager. I would go to the office" and "I have no complaints but if I did I would tell the manager." Visitors told us that they would raise any issues with the manager. They also told us that they were kept informed about any concerns or issues about their relative. Staff told us "I am happy working here. They are supportive." Another member of staff said, "The manager listens to us. Things have improved." Staff confirmed they were able to raise issues and make suggestions about the way the service was provided at staff meetings and these were taken seriously.

The provider had systems in place to assess and monitor the quality of the service in order to drive improvement. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. This ensures that they provide people with a good service and meet appropriate quality standards and legal obligations. There were clear management and reporting structures. There was a registered manager in overall charge of the service, who was supported by a clinical lead and an operations manager who worked within the organisation and supported the registered manager.

The registered manager sought people's, relatives' and staff views in different ways. People told us that regular 'residents' and 'relatives' meetings were held to keep them informed and involved in the service. The registered manager carried out internal audits. Yearly questionnaires were sent to relatives, people and other stakeholders to seek their views about the service in order to drive improvement. Staff felt supported. They told us that the management team were approachable and supportive and that, "The manager listens to us. Things have improved. We have a stable manager, so it is good."

The management of the service was open and inclusive. The registered manager told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. This was confirmed by the people we spoke with internal audits relating to the service were carried out by directors or managers from other services within the organisation. These were carried out every six to eight weeks and outlined compliance with regulations as well as areas for improvement. Unannounced night visits were also carried out. Clinical key performance indicators were measured monthly for areas such as the number of people taken to accident and emergency, falls and deaths. All of these audits were carried out to make sure the service was safe and met people's needs. The management were aware that further work was needed to address areas highlighted during their audits and this inspection. An action plan was in place to address these issues.

Where checks identified concerns, action plans, timescales and accountable staff ensured they were addressed. However, the concerns identified during this inspection illustrated that the quality assurance measures in place were not fully effective. This was because there had not been a consistent registered manager in place for a long time at the home, meaning measures were not in place to resolve areas where regulations were breached. These include unsafe management of medicines, a lack of person centred plans and in-effective systems in relation to the implementation of the Mental Capacity act 2005. Therefore, the

systems had not ensured continuous oversight of all aspects of the service. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to develop individual and personalised care plans which identified people's specific care needs, their preferences and how these need to be met by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Sufficient systems were not in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided and mitigate risks.

