

Bupa Care Homes (CFHCare) Limited

# Abbotsleigh Mews Residential and Nursing Home

## Inspection report

Old Farm Road East  
Sidcup  
Kent  
DA15 8AY

Date of inspection visit:  
07 March 2016  
08 March 2016

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28 April 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This unannounced inspection took place on 7 and 8 March 2016. We carried out an unannounced inspection of this service on 18 November 2013, and found a breach of legal requirements because medicines were not managed safely. As a result, we undertook a focussed inspection on 14 February 2014. We found the provider had taken action so that the medicines were managed safely.

Abbotsleigh Mews Residential and Nursing Home is a care home service with nursing for up to 120 older people with dementia, mental health needs, sensory impairment and physical disability. On the first day of our inspection 110 people were using the service on the second day two there were 109.

The service had a registered manager in post. 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 a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not support all staff through quarterly supervision and annual appraisal in line with the provider's policy. You can see what action we told the provider to take at the back of the full version of the report.

Staff recognised people's need for stimulation and social interaction. However, there was no activity for people who were nursed in the bed. Also, only two of the four units had activities on the first day of the inspection, and this required improvement. The registered manager had completed an action plan which showed how and by when they planned to make these improvements.

The service carried out comprehensive background checks of staff before they started working and there were enough staff to support to people.

Staff knew how to keep people safe. The service had clear procedures to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks. There was a system to manage accidents and incidents and to prevent them happening again. The service had arrangements to deal with emergencies.

Staff were trained to support people. The service had taken action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

Staff involved people or their relatives where appropriate in assessment, planning and review of their care.

Staff considered people's choices, health and social care needs, and their general wellbeing. Staff supported people so they took their medicine safely.

Staff prepared, reviewed, and updated care plans for every person. They completed end of life care plans for people where this was necessary. The care plans were person centred and reflected people's current needs.

Staff supported people in a way, which was kind, caring, and respectful. Staff protected people's privacy, dignity, and human rights.

The service had a clear policy and procedure about managing complaints. People knew how to complain and would do so if necessary.

The service sought the views of people who used the services, their relatives, and staff to improve the service. Staff felt supported by the registered manager. Effective systems were in place to assess and monitor the quality of care people received. The service used audits to learn how to improve the service and what action to take.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and staff understood.

Staff completed risk assessments for every person who used the service and they were up to date with guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff kept the premises clean. They administered medicines to people safely and stored them securely.

### Is the service effective?

Requires Improvement 

The service was not consistently effective.

The service did not support all staff through quarterly supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet. However, in one unit staff did not serve a drink with lunch and this required improvement.

People who used the service commented positively about staff and told us they were satisfied with the way they looked after them.

Staff completed an induction programme and the provider had a comprehensive mandatory training programme.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access healthcare services they needed.

### Is the service caring?

Good ●

The service was caring.

People who used the service, and their visitors, told us they were happy with the service. They said staff were kind and treated them with respect.

Staff involved people or their relatives in assessment, planning and review of their care.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

### Is the service responsive?

Requires Improvement ●

An aspect of the service was not responsive.

Staff recognised people's need for stimulation and social interaction. However, there was only coordinated activity in two of the four units of the service on the first day of our inspection and for people who were nursed in the bed there was no activity for them and this required improvement. The registered manager completed an improvement plan.

Staff assessed people's needs and completed care plans for every person, which were all up to date. Staff completed daily care records to show what support and care they provided to each person.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure about managing complaints.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service and their relatives commented positively about the registered manager and staff.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in improvements to the service.

The registered manager's meeting with staff helped share

learning so staff understood what was expected of them at all levels.

The service had an effective system and process to assess and monitor the quality of the care people received. The service used the audits to learn how to improve, and what action to take.

# Abbotsleigh Mews Residential and Nursing 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to Care Quality Commission. A notification is information about important events that the service is required to send us by law.

This inspection took place on 7 and 8 March 2016 and was unannounced. The inspection team comprised of a specialist nurse advisor, a pharmacy specialist, two adult social care inspectors, 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.

We spoke with 21 people who used the service, seven relatives and visitors, 18 staff, the deputy manager, and the registered manager. Not everyone at the service could communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at 13 people's care records and 12 staff records. We also looked at records related to the management of the service such as the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, and health and safety. We received feedback about the service from health and social care professionals and the local authority safeguarding team.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and that staff and the registered manager treated them well. One person told us, "I think the home is a safe place, staff support well." Another person said they felt happy, safe and relaxed." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training. The training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. We saw "Speak Up" poster displayed on the staff notice board to encourage staff to report concerns.

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcome when known and they recorded outcomes from investigations. The registered manager implemented performance improvement plans for staff to make sure they used the incident as an opportunity for learning. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these. A member of staff from the local authority safeguarding team told us that the service had always worked positively and openly with them.

Staff completed risk assessments for every person who used the service. These included risk of falls, skin integrity, nutrition, and moving and handling. We reviewed 13 and all were up to date with detailed guidance for staff to reduce risks. For example, where there was a risk identified of skin integrity and risk management plans addressed the use of correct equipment and support needed for preventing pressure ulcers. A member of staff told us they monitored people's skin daily. Daily monitoring charts we saw confirmed this. One nurse told us, "We have no one on this unit with pressure ulcers. This is down to good team work." An external healthcare professional told us, the staff were aware of when and how to use the pressure ulcer prevention equipment.

Staff carried out hourly checks for people who could not use the call bell, which ensured that people were observed every hour to monitor them and their care needs. The service had a call bell system in rooms and we saw people who were bed or chair bound had bells within their reach.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The unit manager saw each incident and the registered manager monitored them. They showed examples of changes they made after incidents. One action was to give staff additional training. They also discussed actions to reduce future risks in staff meetings.

The service had enough staff to support people. One person told us, "Yes, day and night. There are plenty of



staff, they are very obliging." The registered manager told us they organised staffing levels according to the needs of the people who used the service. If they needed extra support to help people, they arranged additional staff cover by using rota and bank staff. One staff member told us, "Staffing is usually fine we do get cover, we have a good team." The staff rota showed that staffing levels were consistently maintained. The nursing unit always had at least one registered nurse on duty. The registered manager told us that they planned to increase staffing levels by 20% to cover staff sickness, absence, annual leave, to give better quality of life to people, and to reduce the risk of isolation for people who were nursed in the bed. The registered manager said they started the recruitment process and they planned to complete this by May 2016.

The service carried out comprehensive background checks of staff before they started working. These checks included qualifications and experience, employment history and any gaps in employment, references, criminal records checks, health declaration and proof of identification. This meant the checks were designed to make sure the service kept people safe by employing well qualified staff.

Staff kept the premises clean. Staff and external agencies where this was necessary carried out safety checks for fire, gas safety, hoists, slings, portable appliances, emergency lighting and electrical equipment installed.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and gave advice for staff of what to do in a range of possible emergency situations. Staff received first aid training so they could support people safely.

Staff supported people so they took their medicine safely. One person told us, "I don't have to worry; I get my tablets at the right time." The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The MAR charts and stocks showed that people received their medicine as prescribed. Medicines prescribed for people who used the service were kept securely and safely. Staff administering medicine completed daily audits of the MAR charts. The Clinical Services Manager conducted monthly audits of a sample of the MAR charts and a full audit every four months. They shared any learning outcomes with staff to ensure people received their medicine safely.

## Is the service effective?

### Our findings

The service did not support staff through quarterly supervision and annual appraisal in line with the provider's policy. For example, of the 12 staff records we looked at seven of the staff had not received their yearly appraisal. Also, the policy said staff would receive four supervisions in a year. However, records showed supervision did not take place this frequently. For example, one member of staff had not received supervision in the last 16 months and another for 23 months. Three members of staff told us they had not received supervision in the last 12 months.

This was a breach under Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they were aware of this concern and wrote to us following the inspection to tell us how they planned to provide staff supervisions and annual appraisal in line with the provider's policy. We could not assess the impact of this action at the time of our inspection.

Staff could do more to improve the meal time experience for people who used the service in one of the units. We saw no drink was served or offered to people using the service with their lunch. Staff offered drinks after people finished their meal in blue plastic mugs. They used the same mugs for all drinks on this unit. People did not have a choice of a china cup or a plastic mug. Staff told us they did not offer people drinks with meals because they spilled them over their meals. We told the registered manager, who said all people would be offered a drink with their meals in future. For those at the risk of tipping the drink into their meal, staff would offer small amounts to reduce the risk or simply offer another meal if drinks were spilled. . The registered manager also said they would assess everyone to determine if they needed plastic bright coloured cups due to ease of visibility and weight or if china cups were safe to do so, they would provide them by 22 April 2016. We were not able to assess the impact of this, as the action was not completed at the time of inspection.

People who used the service told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "Staff work well together, like a family, they all seem to get on well together and have a laugh which I like." Another person said, "Staff are quite efficient, I find it lovely." A visitor told us, "Staff knew people's likes and dislikes; people do come first for them." Another visitor described how staff listened when one person got better and they progressed from dependency on staff to more independence through prompting.

The service trained staff to support people. The training coordinator told us staff completed comprehensive induction training in line with the Care Certificate Framework, when they started work. Staff also received training in areas that the provider considered mandatory. This training covered basic food hygiene, health and safety on the premises, and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff training records we looked at confirmed this. Staff told us the training programmes helped them to deliver the care and support people needed. One member of staff told us, "Excellent on-going training is provided." Another member of staff said, "I get plenty of training, the provider has helped me progress my career." The

service provided refresher training to staff. Records showed staff updated their training as and when they needed.

The provider asked for people's consent, when they had the capacity to consent to their care. Records were clear on people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider was aware of the changes in Deprivation of Liberty safeguards (DoLS) following the Supreme Court ruling and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under the DoLS had been authorised we found that the provider was complying with the conditions applied on the authorisations.

Staff assessed people's nutritional needs and supported them to have a balanced diet. One person told us, "The food is good, I think it is nutritious." Another person said, "They [staff] do a good diet. If you are not happy they have an alternative." Staff recorded people's dietary needs in their care plan and shared these with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. The chef showed us the menu planner, which listed each person's preferences and any dietary needs they had. For example, if they needed a soft or pureed diet, a vegetarian or a healthy balanced diet for people with diabetes.

We carried out observations at lunch time and saw positive staff interaction with people. The atmosphere was relaxed and not rushed. There were enough staff to help people and we saw staff supported people who needed help to eat and drink. Staff also helped people who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. We saw the contact details of external healthcare professionals, specialist departments in the hospital, and their GP in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed. An external healthcare professional told us the manager and the staff did an excellent job with the care they provided to people who used the service and that they are happy with the service.

## Is the service caring?

### Our findings

People who used the service and their visitors told us they were happy with the service and staff were kind and treated them with respect. One person told us, "Staff are very nice." Another person said, "Staff are easy to get on with. They don't tell me what time I go to the bed." A visitor told us, "Staff are kind and caring, just feel the atmosphere, calmer and relaxed." Another visitor said, "Staff are very enthusiastic."

We observed staff had good communication skills and were kind, caring and compassionate. Staff talked gently to each person in a dignified manner. They knew each person well and pro-actively engaged with them and used touch to reassure people, by holding their hands.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One person told us, "Oh, yes I call on them [staff] anytime you wish to discuss something. When I did not understand why I needed a different mattress, the staff explained several times until I understood the benefits of it, as I needed it to avoid pressure sores." A visitor told us, "We are involved in the care planning and review, just adjusted the level of care from total support to prompting to enhance independence." Another visitor said, "I am involved, in regular contact with the manager, they let us know any updates and reviews."

Staff completed care plans for every person who used the service, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service. Staff completed end of life care plans where this was necessary. For example, they completed Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms with the engagement of the person concerned and their relative where necessary. Their healthcare professional signed the forms too. The deputy manager told us staff received training on palliative care. Records we saw confirmed this.

Staff respected people's privacy and dignity. We saw staff knocked before entering people's rooms and wait for a response and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff respected people's choices and preferences. Staff could tell us people had preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Staff respected people's choice where they preferred to spend time in their own rooms. We saw staff regularly check on them to see if they were alright.

Staff showed an understanding of equality and diversity. One person told us, "Some friends from Church, they come to give me communion, they can come anytime they like. They first ring to see if I would like to see them, if I cannot, well, I tell them to come another day." Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual

needs. Staff knew people's cultural and religious needs and met them in a caring way.

## Is the service responsive?

### Our findings

One person told us, "There are enough activities; I go to all the activities, quiz, play check, bowls, skittles and flower arranging." Another person said, "I like knitting, I do it occasionally." A third person described the staff used to do activities but nothing now. However we saw that people in their rooms did not always have access to activities.

We saw there was only coordinated activity in two of the four units of the service on the first day of our inspection. The registered manager told us that they did not have enough activity coordinators because they had one vacancy and the other activity coordinator was on leave on the first day of the inspection.. People who were nursed in the bed there was no activity for them at all. This required improvement. A visitor told us, their friend who was bedbound had not left their room for 12 months and suggested their bed be moved out so they could have a change of scenery, even if they could just be in the communal area once a while.

We told the registered manager, who said that they were aware of this situation and they said they had appointed an additional activities coordinator and they were due to start soon. Following the inspection the registered manager, wrote to us and said that they had scheduled a review of people's activities to be completed by 22 March 2016, with a view to ensure as many people that were nursed in bed were able to get up and possibly visit the lounge for some of the day. A GP had assessed people that required additional support (chairs) and a referral to Occupational Therapist for prescription of appropriate chair was in progress. Also, the registered manager said they planned to purchase by 23 March 2016, room based stimulation and mobile stimulation equipment for those people unable to or choose not to leave their rooms. We could not assess the impact of these actions as they were not completed at the time of the inspection.

The service had a specialist dementia garden. There was a picnic area, a wooden cabin for activities, lots of seating, a car for people to wash, a washing line used by people to hang their hand washed clothes. There were raised flower beds and a small area for people to walk about. There were activities available for people in communal areas on three units on the second day of the inspection. We saw staff supporting a group of six people to make Easter decorations. We saw another group in a reminiscence session, talking and holding objects in one unit and in another unit people played musical bingo. On the second day of the inspection we saw staff engaged people using 'chatterbox cards' to aid conversation in the third unit.

People and their visitors told us they received care and support that met their needs. People spoke positively that their relatives and friends could visit them at any time and for as long as they liked. One person told us, "Relatives and friends can visit anytime, if they turn up. There is a private room available for relatives and friends, and that is nice." Another person said, "My daughter comes to visit me whenever she likes. Yes, she likes it here." One visitor told us, "Staff are approachable; I think they are really good here."

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their assessed needs. Where appropriate staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs. These contained information

about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The senior staff updated care plans when people's needs changed and included clear guidance for staff. We saw 13 care plans and all were up to date.

Staff completed daily care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

People told us they knew how to complain and would do so if necessary. One person told us, "I can voice my opinion." Another person said, "I feel comfortable to raise any concerns and they [staff] would listen to." The service had a clear policy and procedure about managing complaints. We saw a poster was displayed on the notice board in the main reception and in the entrance of each of the four units, about how to make a complaint and what action the service would take to address a complaint. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary staff held meetings with the complainant to resolve the concerns. These were about general care issues, food choices, laundry, and a missing hearing aid.

## Is the service well-led?

### Our findings

People who used the service and their relatives commented positively about staff and the registered manager. For example, one person told us, "I like the people, staff, my bedroom and the reception room." Another person said, "Staff are approachable and they are really good." A third person said, "This is a very good home, I think it is excellent." A relative told us, "Relatives meetings are held every 4/5 weeks. They [the registered manager] take on board our suggestions. For example, at Christmas we had a trip out with the residents to a garden centre." Another relative said, "The registered manager and staff interact very well, like a little family for them."

The registered manager had detailed knowledge about every person who used the service and made sure they kept staff updated about any changes to people's needs. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is really very good, we all communicate well, she comes up and checks everything is OK." Another member of staff said, "The manager is there to support us whenever we needed, I can just walk in her office if required."

The registered manager held monthly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.

The training coordinator told us the service used staff induction and training to explain their values to staff. For example, the service had positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

People who used the service completed satisfaction surveys and staff completed surveys about service improvement. The provider analysed the findings and developed an action plan in response to the suggestions made by people and staff. For example, people said they would like improvement of staffing levels, the service agreed to increase the staffing levels by 20% and the recruitment for additional staff was in progress at the time of the inspection. Staff said they would like improvement in their career development and we saw that staff succession planning was in progress.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and staff training. As a result of these audits the service made improvements, which included additional care plans were written for all short term needs such as skin tears, and the refurbishment work on the premises was in progress. The registered manager was aware before the inspection that some staff did not get their supervisions and annual appraisals and wrote to us following the inspection, telling us how they planned to make sure staff were regularly supervised and about other plans for improvements



including the mealtime experience and activities for people who use the service. The registered manager had also identified that there were not enough activities co-ordinators in post, and had taken steps to address this issue prior to our inspection.

The service had worked effectively with health and social care professionals and commissioners. We saw the service made improvements following their recommendations and had received positive feedback from them. Their comments included for example, that the service had a good management system that involved people who used the service, their relatives, staff, and healthcare professionals where necessary. Also, they said the standards and quality of care delivered by the service to people was good.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The service did not support some staff through regular formal supervision and yearly appraisal in line with the provider's policy.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	