

Grange Healthcare Ltd

Haydock Nursing and Residential Care Home

Inspection report

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30 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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: Haydock Nursing and Residential Care Home is a nursing and residential care home that was providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. Some people using the service were living with dementia.

People's experience of using this service: The provider and registered manager had made significant improvements since our last inspection of 11 July 2018. These improvements require time to become embedded within normal routines and sustained to ensure continued development of the service.

During this inspection, we found two continuing breaches of the regulations in relation to safe recruitment and safe management of medicines. We have also made a recommendation in relation to the management of complaints.

People who used the service and their relatives told us they felt safe. Staff knew their responsibilities in relation to report any concerns of safeguarding and relevant policies and procedures were in place to guide them. Risks to people's health and wellbeing had been assessed and were reviewed on a regular basis to keep people safe. Good infection control practices were observed throughout our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Relevant deprivation of liberty applications had been submitted to the assessing authority.

People told us they were supported by staff who were knowledgeable. We saw training for staff had improved since our last inspection. People told us they enjoyed the food and were supported to access a varied diet. Staff supported people to eat their meals when necessary.

We observed staff were kind and caring when interacting with people who used the service. People who used the service gave us positive feedback about the staff. Systems were in place to ensure people were able to communicate effectively. People were treated with respect and without discrimination.

Care plans had been reviewed and updated since our last inspection. The care plans we looked at contained good information about people's individual needs and how to support them. People had access to activities both within the service and in the community.

We received positive feedback about the registered manager and the operation and oversight of the service. Audits and monitoring had improved although the new systems needed time to become embedded within normal routines. Team meetings were taking place that provided staff with updates about the home and its operation.

More information is in the full report.

Rating at last inspection: At the last inspection this service was rated requires improvement [published 25 January 2019]. Whilst the overall rating of this service has not changed at this inspection, the ratings in some domains has improved.

Why we inspected: We undertook this inspection based on the previous ratings of the service.

Enforcement: You can see what action we have told the provider to take at the end of the full report.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Haydock Nursing and Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors, two medicines 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. For this inspection, that experience was older people and dementia.

Service and service type:

Haydock Nursing Home is a care home with nursing. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Inspection site visit activity started on 29 January 2019 and ended on 30 January 2019. This inspection was unannounced.

What we did:

Before the inspection our plan took into account information the provider sent us since the last inspection.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had completed a Provider Information Return as part of the Provider Information Collection. We also considered information about incidents the provider must notify us about, such as safeguarding.

We also obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We used all this information to plan our inspection.

During inspection we spoke with three people who used the service, 10 relatives and a visiting health care professional, to ask about their experience of the care provided. Due to most people living with a diagnosis of dementia it was not always possible to get a response to our questions. We also spoke with the registered manager, deputy manager, two nurses and two care staff.

We used the Short Observational Framework for Inspection (SOFI) during the lunch time period on the second day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included, seven people's care records, 10 medicines records and seven staff files around recruitment. We also looked at various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

The report includes evidence and information gathered by all the inspectors and the expert by experience.

After the inspection we asked the registered manager to send us information relating to complaints we had received both during and shortly after our inspection. We were sent this information in a timely manner.

Is the service safe?

Our findings

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

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.

At our last inspection of 11 July 2018, we rated this key question as 'requires improvement'. Following this inspection the key question remains the same.

Staffing and recruitment

- We found continuing concerns in relation to the safe recruitment of staff;
- Application forms did not allow for people to give a detailed work history and gaps in employment were not always checked.
- It was not evidenced that appropriate Disclosure and Barring Service (DBS) checks had been undertaken.
- Adequate and suitable references were not always obtained.
- Some staff were regularly working in excess of 48 hours without having signed to state they had opted out of the working time directives.

The service provider and registered manager had continued to fail to ensure robust recruitment processes were in place. This is a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us there was enough staff on duty to meet their needs. Comments we received included, "The staff are great and if I press the call bell for help they come and say don't apologise for using the bell that's what it's for which makes me feel reassured" and "I think there are enough staff and they are very positive and want you to get things right." One relative told us, "I went looking round several homes and I thought this was the best it's clean and there are plenty of staff."

Using medicines safely

- Medicines were not always managed safely in the home.
- Patients who required blood tests to determine how much medication they should be given, did not always attend for their appointments on the specified date. Therefore, staff could not be certain they were administering the correct dose of medication.
- Records for the types of food and consistency of the meal, for people who have difficulty swallowing, were not being followed to keep people safe.
- Additional records to help care staff apply creams were not always completed fully. We could not be sure people's creams and ointments were applied as prescribed.
- Medicines were not always kept securely, as unauthorised staff had access to the room.
- People were not always administered their medicines, as there was no medicine in stock and available for staff to administer.
- Records used by staff to support and care for people were not updated in a timely way

We found the home to be in breach of Regulation 12 Safe Care and Treatment of The Health and Social Care Act 2008, Regulated Activities Regulations 2014.

- One person who used the service told us, "I get my medication in a morning and at night and there have been no problems with that." Another person told us, "The staff help me with taking the pills." Relatives told us, "They help her with medication and as far as I am aware there have been no problems" and "They help her with her medication."
- Records and storage of controlled drugs (medicines subject to extra control because of the risk of misuse) complied with the law.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. One person told us, "I came here because I have broken my leg and I can't put it on the floor so I am very dependent on them and I definitely feel safe." Relatives commented, "They watch him and he is safe he thinks he is on holiday here" and "I think she feels safe here, she is never distressed she has dementia but I would know if there was a problem."
- Safeguarding policies and procedures were in place to guide staff.
- Not all staff, such as kitchen staff and cleaning staff, had undertaken safeguarding training. However, all the staff we spoke with knew how to recognise and respond to any concerns of abuse.

Assessing risk, safety monitoring and management

- People told us they were supported with risks to their health and wellbeing. Comments we received included, "I had loads of falls at home but I've not fallen here" and "I have that frame and the staff help me get about." One relative told us, "At another place she was losing weight but while she has been here we have been bringing stuff in. They also make sure she is eating and monitor her weight and weigh her once a week."
- We found improvements had been made in relation to the assessment and management of risks to people's health and well being since our last inspection. Risks to people's health and well-being had been identified, and were mostly managed safely. For example, people at risk of choking had adequate measures in place to manage the risks involved with eating and drinking. However, in one case, we noted that a person's bed rails were unsafe. This was addressed during the inspection, with the service commissioning independent experts to rectify the problem.
- Accidents and incidents were being recorded and these were reviewed and discussed with staff about any lessons learned.
- We looked at fire safety. We found regular checks were undertaken to ensure equipment, including alarms, was safe. Some information in one care plan we considered around smoking risks was vague and this was resolved during the inspection to ensure that the person was always supervised whilst smoking.
- Lancashire Fire and Rescue had visited the premises in February 2017 and we noted that most of the matters that had been advised as requiring action had been completed. The provider had arranged for a private specialist to complete a comprehensive fire risk assessment at the home in the week after the inspection. This was consistent with the advice given by the fire authority.
- We found personal emergency evacuation plans [PEEPs] were in place for all people who used the service and had been updated when a people's needs had changed.
- A variety of environmental risk assessments, environmental checks and servicing had been completed.

Preventing and controlling infection

- People told us the service was clean. Comments we received included, "I think my room is kept clean and I can have a wash or shower when I want", "The place is clean I get clean bedding they change the bottom sheet every day" and "The rooms clean enough for what I want." Relatives told us, "His room is clean and he

is clean. I have no complaints" and "He is always clean and they know how to deal with him."

- We found improvements had been made in relation to infection control since our last inspection.
- Some bedroom carpets had been replaced with flooring which was easier to clean and maintain.
- We observed staff wearing personal protective equipment such as gloves and aprons.
- Areas where we found offensive smells during our last inspection had improved.

Learning lessons when things go wrong

- Records relating to incidents and accidents confirmed the actions taken to prevent any future risks. This would support any lessons learned to be shared with the staff team.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of 11 July 2018, we rated this key question as 'requires improvement'. Following this inspection the key question has improved.

Staff support: induction, training, skills and experience

- People who used the service told us, "I think they know what they are doing" and "I think they are trained because they have to hoist me out of bed onto a chair or a commode or help me to have a wash and I feel safe because they know what they are doing." One relative told us, "They manage him well. At times he can be aggressive but they work as a team and know how to deal with him. They use diversion and interact and respond in a way that calms him down. I have seen them do it and it's very impressive."
- We saw improvements had been made in relation to staff training and development.
- There was a clear process of mandatory and optional courses for staff.
- The training matrix we looked at showed staff had undertaken numerous courses since our last inspection. These courses were relevant to the needs of people using the service.
- Staff told us and records confirmed they had received support through supervision and appraisals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Whilst capacity assessments we looked at were generic, the registered manager told us they had been undertaking work on improving these. New capacity assessments were to be put in place in the near future.
- Where people have limited capacity, the MCA and associated Code of Practice provides guidance about the steps that should be followed to ensure that people's best interests are protected. In these cases, we were satisfied that people's best interests were being supported because of involvement with family and health and social care professionals.
- Appropriate DoLS applications had been made. We saw records to confirm nine authorisations had been received.
- Staff had been trained in the MCA and DoLS and understood the principles and requirements of these.

- Throughout the inspection, we saw that staff sought people's consent for areas of care that were being offered such as support for eating and drinking and assistance with people's mobility.

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

- Care records contained information that confirmed assessments of people's needs were completed prior to them moving into the service.
- The majority of the care plans in place had been subjected to a full review as part of improvements the service were required to make. This was ongoing and the action plan sent to us stated this would be completed by the end of February 2019.
- Reviews did not always reflect the person had been involved. We discussed the importance of this with the registered manager, who agreed going forward this would be undertaken.
- Assessments obtained from other health professionals were used to plan effective care for people. For example, information from dieticians and speech and language therapist.

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

- People were supported to eat and drink enough.
- People who used the service told us, "They come round and tell us what's on the menu for the day", "I get a good breakfast 2 poached eggs tomatoes and bacon and there is plenty of choice for dinner and tea and there are snacks and drinks during the day. I have also arranged it with [registered manager] to have a cup of tea brought to me at 7 at night and it's always on the dot", "The food isn't bad. They come round to ask what I want. I eat in my room because I'm not up to socialising yet. It's two courses for dinner and three courses for tea" and "If I want a drink I just ring the bell and they come in and fill my jug up because I don't really like brews." Relatives commented, "She loves the food. Today there was either scampi or shepherds pie and she had extra chips" and "They come round with biscuits and grapes and they get plenty to drink."
- The service had received a five star, very good rating from the food standards agency.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We observed a pleasant atmosphere through the lunch period. There was a choice of two hot dishes and desserts. Meals looked appetising and people were offered more if they had finished.
- People were supported to access a varied diet. Staff supported people to eat their meals when necessary.

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

- One person told us, "I like my room because I have all my personal little bits in it."
- The service had made improvements since our last inspection.
- New signage had been installed on the dementia unit and everyone had a memory box in place outside their bedroom. One bathroom had been refurbished to a high standard and another was in the process of being refurbished. A new office was planned for the dementia unit which would provide another television/movie room for people to use.
- Action was taken during our inspection to address the layout of chairs in the upstairs lounge, to make it more homely and give people more space.
- Bedrooms we looked at were personalised.

Staff working with other agencies to provide consistent, effective, timely care

- One visiting health care professional told us, "The service contact us when they should and always act on our instruction and advice."
- We saw timely action had been taken when people required the use of different services. For example, we saw dieticians or speech and language therapist had been contacted promptly when concerns were highlighted.

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us, "Oh yes they called a doctor out when she had a chest infection" and "[Registered manager] has been very good in helping us with [a medical issue] and liaising with the hospital."
- Records we looked at showed people had access to opticians, dentists, GP's, district nurses and other health care professionals, to effectively meet their health needs.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection of 11 July 2018, we rated this key question as 'requires improvement'. Following this inspection the key question has improved.

Ensuring people are well treated and supported; equality and diversity

- People who used the service told us, "They treat me with great respect", "Overall I couldn't think of a better place. Other places you go to your room and that's it. Here they will knock on the door and see if I am okay and remind me its time for lunch and they are brilliant if you need any help. I have nothing to grumble about", "There is a good atmosphere here and I have never felt that anything is too much trouble for them to do. I am very happy here" and "They do a good job."
- We observed interactions from staff that were sensitive, kind and caring. People were treated with respect and without discrimination.
- Staff had access to equality and diversity policies and procedures and had received training in this area.
- Staff knew people well, including their preferences, personal histories and backgrounds.
- Staff understood how best to communicate with people. This included people with sensory impairments.
- Visitors to the service were not restricted to specified times. One person told us, "I do get visitors yes, a friend of mine is coming this morning and taking me out for lunch." We saw visitors throughout both days of our inspection at various times of the day and evening.

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

- People who used the service told us, "They do talk to me and ask me how I am doing and [registered manager] is very patient and kind, I get on with him very well. The family deal with all the care stuff because I have slight dementia" and "My wife and son visit, they deal with all the plan stuff." Relatives told us, "We have had two reviews and one with a social worker and the district nurse. He is also having a mental health assessment", "The last care plan review was about 12 months ago, but he is always being monitored and I can see if anything needs changing" and "I am aware of everything that is going on with her and if she needed anything changing I would just ask the staff or [registered manager]."
- During our inspection we observed people being offered choices. For example, where they wanted to sit, what they wanted to eat or what activities they could partake in.
- The service had access to an advocacy service to support people who used the service. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.
- The information contained in people's care records about their histories and backgrounds, showed the person and their family had been consulted with.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us, "They are marvellous because they encourage me to do things but

tell me to be careful", "Staff put me at ease and I am not worried or apprehensive about the way they help me they are really good [when discussing their personal care support needs]" and "The staff are great with me they help me wash, dry me and then help me to get dressed and I have never felt uncomfortable or embarrassed."

- Staff promoted people's independence and encouraged them to do things for themselves.
- Staff respected people's privacy and dignity when providing support with personal care. We observed staff knocked on doors before entering.
- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection of 11 July 2018, we rated this key question as 'requires improvement'. Following this inspection the key question has improved.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found improvements had been made in relation to care planning.
- Since our last inspection, the majority of people's care plans had been reviewed and re-written to ensure they reflected individuals current health care needs.
- Some people had signed to evidence they had been involved and agreed to the care plans. However, this was not consistent. The registered manager told us they would address this.
- We asked people if activities were made available to them. Comments we received included, "They do have various activities but I like to watch the TV and read the only one I get involved in is the dominoes which I like" and "There are also dominoes and other things but at the moment I like to stay in my room because I'm not ready to socialise, but they do come and try to encourage me to get involved." Relatives commented, "They try to get him involved in the activities and I think he has been in the quiet lounge where the books are and he likes talking about art" and "I don't think she gets much involved in the activities but she does like the singing."
- Improvements were being made on the dementia unit to allow for sensory items to be accessible on corridors so people could just pick them up when they wanted.
- People had access to planned activities most days of the week and there was an activity programme that was provided to people at the start of each week.
- During the inspection, we saw that people were involved in 'one to one' hand massage sessions and 10 people were involved in chair exercises, supported by two staff members. There were photographs in communal areas of the home of activities people had enjoyed such as parties and coffee mornings.
- The service identified people's information and communication needs. The registered manager and staff understood the Accessible Information Standard.
- People's care plans identified any communication needs and how staff were to support them.
- Technology was used to support people to receive care and support.

Improving care quality in response to complaints or concerns

- People who used the service told us, "I have nothing to complain about" and "I get every help I need and if I want anything changing or I had a complaint I would just speak to the staff or [the registered manager]." One relative told us, "I did complain about the upstairs kitchen a while ago because it was very untidy and they had leftovers lying around and people were going in and eating it, but since then they have put a lock on the door." Other relatives commented, "We have nothing to complain about and if we did we would go

and see [registered manager]" and "We have no complaints, my [family member] has decided he is quite happy to live here."

- People and their relatives knew how to provide feedback about their experiences of care and the service.
- People and their relatives knew how to make complaints. They said that they felt these would be listened to and acted upon in an open and transparent way.
- Records we looked at showed the service had received four complaints since the last inspection. These had been investigated and the complainants had met with the registered manager. However, the complaints had not been acknowledged and responded to consistent with the provider's policy. This included a failure to acknowledge and confirm the resolution of the complaint in writing.
- We received complaints during our inspection and shortly after in relation to incontinence items. We recommend the provider and registered manager seek advice from a reputable source, about the management and learning from complaints.

End of life care and support

- The end of life wishes of people had been considered and care plans were in place.
- Staff had received training in supporting people at the end of their life.
- End of life policies and procedures were in place to guide staff.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection of 11 July 2018, we rated this key question as 'inadequate'. Following this inspection the key question has improved. Although improvements had been made since our last inspection, it is important that these improvements become embedded in the service and are sustained.

The service 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.

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

- People who used the service told us, "{Name of registered manager} is very approachable and I get on very well with him", "{Registered manager} comes around and asks if everything is okay and I have the staff to talk to if I want anything" and "[Name of registered manager] is the manager and he is very nice. He's always about and pops in to say hello or passes by every day doing something or other." Relatives told us, "[Name of registered manager] makes the difference here, he doesn't just sit in the office, he gets about and knows all the residents by name and they respond to him" and "[Name of registered manager] treats my brother like a member of his family he is very approachable and very hands on."
- On the first day of our inspection the registered manager was able to inform us of the changes and improvements that had been made since our last inspection.
- Whilst we found many improvements had been made, there were continuing breaches of two of the regulations in relation to, recruitment and medicines. We have also made a recommendation in relation to complaints.
- Staff spoke highly of the management team and felt supported in their roles.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One relative we spoke with told us, "Residents who come here are quickly assessed and they keep on top of what they need."
- The registered manager knew people well and was visible and active within the service.
- Improvements had been made to most of the policies and procedures in place. These had been reviewed and updated in order to reflect the service and guide staff in their roles.
- The last rating was displayed in the office and on the company website as required.

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

- The service had a calm and welcoming atmosphere throughout both days of our inspection.
- Regular meetings were held with people who used the service and their relatives.
- We saw surveys had been sent out to people who used the service, to gain their feedback. Results of these had been analysed and showed positive results.
- Records we looked at showed staff meetings were held on a regular basis.
- The service worked closely with a local college to provide experience for students through volunteering at the service.
- The service promoted equality and inclusion within it's workforce.

Continuous learning and improving care

- One relative we spoke with told us, "Overall I would say the quality of care here is excellent." Another told us, "I would recommend this place to anyone."
- Since our last inspection, the service had implemented a comprehensive system of audits to monitor safety, quality and make improvements when needed. These audits commenced in January 2019 and therefore need time to become embedded.
- New audits in place provided the opportunity to identify areas for improvement.
- Technology was used to improve the quality of care. For example, online training for staff members.

Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority, safeguarding teams, and multi-disciplinary teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely in the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Recruitment systems and processes were not always safe.