

Chameleon Care Limited

Chameleon Care (Dover)

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection visit took place at the service's office on 23 and 24 May 2016.

Chameleon Care provides domiciliary care to people with physical disabilities, older people, people who are living with dementia and people who are terminally ill. There is also a sit in service, escorting, waking night and night sleep in service. The agency currently provides services in Dover and surrounding villages. There is also another location in Dartford, Kent. The service is open during office hours, has designated office-based staff and an on-call system. At the time of the inspection 35 people were receiving a service.

There was a registered manager employed at the service. 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. The registered manager was responsible for overseeing the Dartford and Dover locations. The registered manager was based at the Dartford office and a senior manager was responsible for the day to day control of the Dover location. At the time of the inspection the senior manager and administration staff assisted the inspector.

People told us they received their medicines regularly and staff had been trained to administer medicines. However, medicine records were not completed accurately to clearly show that people had received their medicines safely.

Staff had received safeguarding training and demonstrated a good understanding of what constituted abuse and how to report any concerns. Procedures were in place to report and escalate any concerns to the local authority safeguarding team.

Risks associated with people's care had been identified, and detailed guidance was in place to ensure that people were supported as safely as possible. Some people could display behaviours that challenge due to their anxieties and risk assessments were in place to guide staff with the strategies to adopt to positively support people when such occasions occurred.

There were systems in place to monitor incidents and accidents and to take appropriate action. There was a business continuity plan in the case of an emergency, such as fire, flood or the breakdown of the technical systems.

The service also operated an 'out of hours' system for people or staff to ring if they needed additional assistance during evenings and weekends.

Some people had equipment in place to aid their mobility, such as bathing aids. Staff were aware that the equipment needed to be serviced to remain safe, and systems were in place to confirm the equipment was being serviced according to the manufacture's guidelines.

People told us that they had never experienced a missed call as there were always staff available including cover for sickness and annual leave. They told us that they received a service from regular staff, who arrived on time and stayed the duration of the call. People said the service was flexible and provided additional calls if they needed extra help.

Staff were recruited safely with all relevant checks in place to ensure they were safe and suitable to work at the service. New staff completed an induction programme, which included attending training courses and shadowing experienced staff before they started working on their own. People felt that staff were well trained and understood their needs. A training programme was in place to ensure that staff had the skills and competencies to carry out their role.

Staff were supported to discuss their role through regular one to one meetings with a senior member of staff. Annual appraisals ensured that staff had the opportunity to discuss their training and development needs. All staff received 'spot checks' when they were providing care in the community to ensure their skills and competencies were kept up to date.

People's care needs were discussed and assessed before they received a service, and care plans were personalised to meet their individual needs. People told us that staff understood their specific care needs and their care plans were reviewed regularly. Care records showed that the plans had been reviewed and staff were aware of their changing needs.

People were supported to maintain good health. People told us staff were observant and helped them to ring their doctor if they needed to. The service worked closely with health care professionals, such as physiotherapists and an occupational therapist.

Staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care. People told us that staff always asked for their consent at each visit. People had also signed and agreed with the care to be provided as part of their care plan.

People told us that they chose what they wanted to eat and were supported by staff to prepare their meals. Measures were in place to support people at risk of poor nutrition with measures such as monitoring their food and fluid intake.

People told us staff were very kind and caring. They said they understood their daily routines and how they liked their care to be given. People we visited were relaxed with the staff and chatted to them about their care. They told us that the staff were polite and respectful and treated them with dignity at all times.

People told us they did not have any complaints but would speak to staff in the office if they had any concerns. They said that staff listened to them and sorted out any issues. Each person had a copy of the complaints procedure in their care plans in their home, and appropriate systems were in place to address any complaints.

People and staff told us that the management were approachable and felt the service was well led. Staff understood the ethos of the service by providing person centred care and treating people with dignity and respect.

There were systems in place to monitor the safety and quality of the service and risks were audited to keep people as safe as possible.

We found one breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement ●

The service was not always safe.

Medicine records were not completed accurately to clearly show that people had received their medicines safely

Staff had received safeguarding training and knew the correct procedures to follow if they thought someone was being abused.

Risks associated with people's care had been identified and measures were in place to keep people safe. Equipment was safety checked before use and systems were in place to record and review accidents and incidents.

There were sufficient numbers of staff to fully cover people's care and support needs. Staff had been recruited safely and checked to ensure they were suitable to work in the service.

Is the service effective?

Good ●

The service was effective.

Staff training was kept up to date, to ensure it was effective. Staff received regular one to one meetings with their manager and an annual appraisal. New staff had received induction training and observational 'spot checks' of their skills and competencies.

Staff had an understanding of the Mental Capacity Act and the process to support people to make decisions in their best interests.

People received care and support from a regular team and were supported to maintain their health and wellbeing. The staff worked with health care professionals, such as physiotherapists and occupational therapists to support people with their mobility.

People were supported to have a suitable range of food and drink.

Is the service caring?

Good ●

The service was caring.

People told us they had been involved in planning their care and their views were respected.

People said the staff were kind and caring. They told us that staff listened to them and respected them as individuals. They said that staff were polite and upheld their privacy and dignity.

People were relaxed in the company of staff and chatted to them about their daily routines.

Staff supported people to maintain and develop their independence. They spoke about people they cared for with compassion and kindness.

Is the service responsive?

Good ●

The service was responsive.

People received care and support from staff who were responsive to their needs. Care plans were personalised to reflect people's individual daily routines, choices and preferences. Care plans were regularly reviewed to ensure that they remained up to date.

People had opportunities to provide feedback about the service they received. They said they felt comfortable if they needed to complain, but did not have any concerns. They were confident that staff listened to them to ensure they received the support and care they needed.

Is the service well-led?

Good ●

The service was well-led.

Checks were being made to monitor the quality of service being provided.

People and staff completed feedback surveys, and plans were in place to include health care professionals and other stakeholders.

The management team supported the staff in providing compassionate and personalised care for people.

There was a culture of openness and transparency throughout the service with an emphasis of continuous improvement.

Records were stored securely.

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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 was 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 23 and 24 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. The inspection was carried out by one inspector 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. The expert by experience had personal experience of arranging and monitoring the domiciliary care services of a family member.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

On the 23 May 2016 we went to the office and reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

On the 24 May 2016 we visited and talked with people in their own homes. We spoke with the senior manager, two office staff who organised the work for the care staff, plus three other members of staff. After the inspection we spoke with seven people by telephone.

The previous inspection of this service was carried out in May 2014. At this inspection no concerns were identified.

Is the service safe?

Our findings

People said they trusted the staff and felt safe when they were receiving care and support. People said: "I have got to know the staff and trust them". "Yes, I feel safe".

People told us they received their medicines when they should and staff handled them safely. However, staff were not completing medicine records accurately to reflect the exact medicine given to each person. For example, there were gaps in the signatures to confirm what member of staff had given the medicine, what the dose was and what time it was prescribed to be given. In some cases the medicine record had not been signed but the daily notes stated that medicines had been given. People could not be assured that medicines had been given as per the prescriber's instructions.

When people had been prescribed an antibiotic, the details of the medicine had not been added to the record in line with current guidance, and there was no indication to show that this had been checked by two members of staff to ensure the details were correct.

The medicine policy stated that 'the name of the medicine, the quantity received and the date received should be recorded. Staff to also record the generic name of the medicine, the dosage and frequency, including the limits and the number of tablets in the package on the medicine administration record and staff to sign and date'. Staff had not followed this procedure to make sure the medicines were recorded accurately.

'As and when required' medicines, such as medicine for constipation or pain relief had been added to the records with no other details, such as dosage and when the person may need the medicine, and when or if further doses could be administered. This could result in people not receiving the medicine consistently or safely. The medicine policy stated that 'as and when required' medicines should be written on the medication administration record and should include the dose to be taken and a maximum frequency.

Some people were prescribed different creams, but there was not always guidance about where or when these should be applied. This could result in people not receiving the medicine consistently or safely.

Staff were leaving medicine out for a person to take between their calls; however there was not always a risk assessment in the care plan to show how this was being monitored to ensure it was safe.

There was a risk of people not receiving their medicines as prescribed. The provider had failed to ensure that people were receiving their medicines safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the senior manager who took immediate action. A memo was sent to all staff pointing out the shortfalls identified in this report. Staff had received training in the management of medicines and their competency was checked by senior staff during observations of their practice.

Policies and procedures were in place to ensure staff had the guidance to report any suspicion of abuse. Staff demonstrated they understood how to recognise the signs of abuse and who to report to, both internally and outside of the organisation. They were aware of the local authority safeguarding protocols and told us about the whistle blowing process. They were confident that any concerns they raised would be listened to and acted upon. People were protected from financial abuse. There were procedures in place to support people with their finances such as recording all transactions for shopping and providing receipts to confirm what transactions had taken place.

Risks to people were identified and guidance on how to safely manage the risks was recorded in the care plan. Risk assessments for moving people and supporting them with their mobility were detailed to ensure staff had the guidance to support people as safely as possible. People said that risks associated with their support were managed safely. One person told us that they had reservations about using the new ceiling hoist but said that staff handled this well and they felt safe when they needed to use it. Staff told us they had received training to move people safely and were confident, as if there were any concerns; the occupation therapist gave advice as to the best practice. People's care plans were specific to their needs to ensure they were moved safely. One plan stated, 'Please talk me through the hoist procedure and provide me with verbal re-assurance to feel safe and secure before and during the move'.

Environmental risks were assessed, for example, lighting and working in restricted areas, such as small rooms when a hoist was needed to provide care safely. Equipment was checked before staff used it and regularly serviced to ensure it was safe to use. There were systems in place to monitor incidents and accidents and to reduce the risk of further events.

There was sufficient staff employed to give people the care and support that they needed. People told us they received care from regular staff and their calls were always covered in times of sickness and annual leave. Staff retention was good and many of the staff had worked at the service for several years. Staff worked in a geographical area or within the team to reduce the travelling time between calls. Staff told us they had sufficient travel time between calls to ensure they arrived on time for each call. There had been no missed calls.

New staff were recruited safely. Recruitment records included all the required information, including an application form, criminal records checks, employment history, proof of the person's identity and evidence of their conduct in previous employment.

Is the service effective?

Our findings

People told us that they were looked after well and satisfied with their care and support. They said the service was effective and reliable. One person said: "I am very pleased and happy with staff members". "Excellent service".

Care plans contained information about how a person communicated and what support was required to enable good communication, such as 'Staff to speak to me loud and clear, so I know and understand exactly what we are going to do'".

A training programme was in place and staff told us and records showed that they had received training relevant to their role. Staff training included moving and handling, infection control, first aid awareness, fire awareness, health and safety, medicines, safeguarding, mental capacity and food hygiene. Other specialist training such as, percutaneous endoscopic gastroscopy (PEG, which is a tube inserted into a person's stomach to eat or administer medicines), end of life care, Huntington's, dementia, and catheter care. Staff had also received talks from the local health care professionals with regards to people living with Parkinson's. There were also booklets available for staff to increase their knowledge on life after strokes, and other related illnesses. Staff were also observed by senior staff to assess their skills and competences.

The senior manager was undertaking additional training to achieve the required qualifications to provide training in first aid and moving and handling, to provide staff with the relevant updates required. Staff said: "We are all well trained to provide a good service".

New staff received a full induction training programme. The care certificate was being implemented, which has been introduced nationally, to help new care staff develop key skills, knowledge, values and behaviours, which should enable them to provide effective care. This included shadowing established staff until they were competent to work on their own. Staff told us that they had been very well supported through their induction and were given guidance and training to become confident in their role.

Staff had received one to one meetings to talk about their performance, with their line manager and an annual appraisal to discuss their learning and development needs. Twelve staff had obtained work based vocational qualification diplomas in Health and Social Care and two members of staff were in the process of completing the award. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability to carry out their job to the required standard.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and had received training. The senior manager told us that no one was subject to an order of the Court of Protection although some people did have Lasting Powers of Attorney arrangements in place, and others had a Do Not Attempt Resuscitation (DNAR) in place.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make

certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No one in the service had been involved in a best interest meeting. There was brief information in the care plans about people's capacity, but these needed to be developed to ensure that people's capacity to make decisions had been assessed and the appropriate action had been taken to make decisions about their care. For example, one person who lacked capacity was using bed rails, and although this had been agreed with the person's family and health care professionals there were no records on file to confirm how and when this decision had been made. This was an area for improvement.

People told us that they were always asked for their consent when staff were providing their care. Records showed that people who were able had signed their care plans to agree with their care.

People were supported to maintain good health. There were guidelines for staff to follow when people were receiving catheter care, including what signs and symptoms to look for to reduce the risk of infection. People told us that staff knew them well and were very observant if they were not feeling well. One person said, "The staff usually ring my relative and sometimes suggest a doctor calls. My carers once had to call an ambulance for me and remained with me until they arrived".

When staff reported health care issues to the office, this information was recorded on the computer system and processed. People told us that this worked well and they received a visit from a doctor or nurse, and staff were able to describe what action had been taken, however this was not always recorded in the daily notes. This was an area for improvement.

People told us that the staff always asked them what they would like to eat and they would make them a sandwich of their choice or prepare a microwave meal. One person said, "The staff prepare my food to a good standard as I am a diabetic". People said staff encouraged them to drink regularly and would leave a stock of drinks ready for later. People we visited had drinks and snacks left within easy reach to ensure they received the nutrition they needed. Staff told us where people were at risk of poor nutrition or hydration measures were in place to reduce these risks, such as food and fluid charts to monitor their intake. This information was gathered and discussed with health care professionals for further advice and action if required.

Is the service caring?

Our findings

People told us the staff were kind and helpful. "Communication is good and the service responds well". "The staff are a really good team". "The staff know my daily routine; they really do care for me". "Very satisfied with care at the moment, no concerns in fact I enjoy my visit each morning. I am very lucky to have two nice carers". "The service is a good, caring company". "The staff really listen to me which makes a big difference. I genuinely feel they sympathise and are worth their weight in gold".

A relative commented: "The staff handle everything well they are polite and respectful. Ten out ten for the care staff". "Since the carer goes into my relative they are so much happier".

Staff said, "Even the office staff know the people we provide a service to as they sometimes cover the calls." "This job is not just putting a name to paper; we know how people prefer and how they like their care to be delivered". "We are friendly professional and make people smile; we give people time to chat". "We never rush people; they need to take their time". "We go out of our way to do extra; I am passionate about my job".

People told us that they were involved in planning their care and this was discussed at their reviews. They told us they were routinely asked if they were satisfied with the service. People's preferred name was recorded in their care plan so that staff would know how to address people. People were supported to access the community and go shopping. Staff supported people to get ready to go for the day to enjoy their preferred pastime. One person said, "They help me every day to go for lunch to the day centre, I look forward to going and have a wonderful day." People were supported with personalised care, including such things as walking the dog.

People told us that the staff knew them well and understood the way they liked their care to be given. Staff knew about people's preferences, choices, likes and dislikes. People and their families had shared information about their life history so that staff knew what was important to them. During the inspection staff spoke about people in a caring and compassionate way.

People told us that staff were flexible and the service always provided extra calls if they needed additional support. They said the office staff communicated well and responded to their wishes, such as if they needed to rearrange the timings of their calls.

During the inspection staff spoke with people respectfully and gave them time to finish their conversations. People told us that their privacy and dignity was always respected. They commented, "Yes they treat me with dignity by allowing me to make my own choices".

A relative commented, "The staff are very good, they maintain my relative's privacy and dignity and encourage independence and ask consent".

Staff described how they made sure personal care was given in the privacy of people's bedrooms. They told

us that they closed doors, pulled the curtains and covered people when providing personal care. Care plans had personal preferences such as, 'Please leave me in private until I call'.

Staff said, "I treat people as I would my family, with compassion, patience and treating them respectfully".

People told us staff were always polite and caring and made sure they had what they needed before they left.

Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. No one at the service was being supported by an advocate at the time of the inspection.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. They said that when they needed additional calls the office made sure they were always provided. They told us communication with the office was good and they were confident that any changes to their calls would be made. One person said "The office are very responsive when I need additional bathroom calls".

Before people started using the service their needs were assessed by senior staff to make sure the service was able to provide the care they needed. This information included the time and length of the calls and how many calls a day would be required. People we visited told us about the assessment and how the service had visited and discussed all aspects of the care to be provided. People said, "The service was very thorough and all areas of my care were covered". "I just had to tell them how I felt and they gave me adequate help"

Care plans had detailed guidance to enable staff to support people at each visit. People were involved in writing their care plans and the plans were personalised to their needs and preferences, which included their personal care routines. People's preferences and choices were included and there was information on what people could do for themselves, and what support they required from staff. People told us that staff encouraged their independence and supported them to do what they could, such as washing their hands and face. One care plan stated, "I can position myself in my wheelchair to get comfortable".

Some people could display behaviours that challenge due to their anxieties and risk assessments were in place to guide staff with the strategies to adopt to positively support people when this occurred. The care plans guided staff what to do if people did display negative behaviour but this information was not always analysed to look for any triggers to put measures into place to reduce the risk of reoccurrence. This was an area for improvement.

Care plans also identified people who needed care and support to keep their skin healthy and intact. There was information in the care plans to make sure staff were vigilant and checked people's skin to reduce the risk of pressure areas.

Staff were familiar with people's likes and dislikes with regard to their mobility as there were details of how people preferred to be rolled when they needed support to move in bed, and where they liked their drinks and phone to be left. People said, "The staff always focus on me".

Senior staff visited people regularly and reviewed their care plans. When required relatives were also involved in this process. The plans were then updated and staff were informed of the updates by memos. Staff told us that the senior staff would review the plans if they reported people's needs had changed. They told us health care professionals were contacted promptly when people's mobility changed, which was part of the review process.

People said that staff arrived on time and stayed the duration of the call. People said they knew what staff to

expect and the office would telephone if they were going to be late. Staff told us they had regular people to visit on their work schedules to ensure that people received continuity of care. People told us that they had never had a missed call and the service was reliable. Staff told us they worked hard as a team to ensure that every call was covered, which sometimes included the office staff, who were also up to date with the current training. They told us the out of hour's service was effective and there was always a senior member of staff available for support and guidance.

There were policies and procedures in place to explain how they would respond and act on any complaints that they received. When people started to use the service they were given a copy of the complaints procedure that explained to them what they had to do. There had been no formal complaints this year but there was a system in place to address any concerns that might be raised.

People said: "I am happy with the service, I have no complaints". "Everyone is so nice; I have no complaints about the carers".

Is the service well-led?

Our findings

People and staff told us that the organisation was well led. They said, "The service is flexible, the office is always helpful". "The office plan and organise well". "I am happy with the service and if needed anything special they would accommodate". "Excellent management very talkative and helpful". "The manager periodically checks everything is alright". "The managers are quite friendly and approachable".

A relative commented, "I recommend the service; they can look after me when it becomes my turn".

Staff said, "I am confident that the office always sorts things out, we try to do everything right" "We don't have missed calls, the office is very well led, they are on top of things". "I would not hesitate to recommend the service to my family and friends". "I really like working for the company, I think we make a difference in people's life". "Staff morale is great, we have good teamwork here".

The senior manager had carried out quality audits to monitor and assess the service being provided. They had oversight of the quality of care being provided in all aspects of the service. Care plans, risk assessments and staff files were regularly reviewed.

People and staff were asked for their views and opinions through quality assurance visits and a yearly survey. People and staff were complimentary about the service. All of the people surveyed rated the service as good or excellent and commented they were treated with dignity and respect. They said staff were helpful and very professional. One person said, "I enjoy giving feedback part of therapy for me to check my understanding". Staff commented that communication with the office was good. The senior manager told us that they were in the process of including health care professionals in the survey. This was an area for improvement.

Staff were enthusiastic about their job and told us they worked hard as a team to ensure people received the care they needed. They said that the management team were approachable and supported them to do their jobs well. They understood their responsibilities and were confident to raise issues which would be acted upon. Staff received consistent training, supervision and appraisal to ensure they were suitably trained and developed to gain more skills and care qualifications. Staff were receiving regular team meetings and spot checks by senior staff to ensure they were providing the care to the correct standard. This gave them the opportunity to raise any concerns or discuss people's changing needs, and any risks or concerns

The senior manager received support from the registered manager and there was an emphasis on driving improvement throughout the service. They understood the challenges of the service and worked hard as a team to provide quality care.

Staff knew about the visions and values of the organisation and told us how they made sure people received personalised care and they were treated with dignity and respect. They were motivated to improving the service and ensuring people received the care they needed. They were passionate about providing care to make a difference in people's lives.

Staff had access to policies and procedures and in addition had a staff hand book. They were kept up to date with changing issues via text messaging and written information posted or emailed. When shortfalls in the medicines were discussed with the senior manager, by the end of the inspection new guidelines had been sent to all staff to improve their practice. Records were stored securely.

Accidents and incidents were recorded and monitored to look for patterns and trends. The service used The Health and Safety Assessment Scheme to assess compliance with legislation and ensure the service was safe.

The senior manager told us how they remained up-to-date with changes and best practice. They worked closely with the occupational therapists to ensure that people were assessed and had the right equipment to support them with their mobility. The provider was a member of the Kent Integrated Care Alliance, attended local authority safeguarding and care practice workshops . They had contact with the specialist nurses such as Parkinson's, Huntingdon's and the Home Enteral Nutrition (HEN) Team. There were good practice booklets and information available to staff to enhance their knowledge of these medical conditions.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a risk of people not receiving their medicines as prescribed. The provider had failed to ensure that people were receiving their medicines safely</p>