Springmarsh Homes Limited

Peartree Care Home

Inspection report

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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
Peartree Care home is a residential care home providing personal and nursing care to up to 70 people. At the time of the inspection, there were 65 people living there. The accommodation was spread over four floors. There were communal lounges and dining rooms on each floor and a garden.

People's experience of using this service
People had positive experiences living here. One person told us, "I like it very much. The staff treat me very nice." A relative told us, "We looked around for a care home and this was the best. [Family member] is taken care of very well here."

People and their relatives told us they thought the home was a safe place. Staff knew how to protect people from abuse.

However, we found that some people were at risk of harm because risk management plans were not always being followed and medicines were not always managed or stored safely.

There was a system of daily safety checks and audits in place, but these did not identify issues with high fridge temperatures.

The home was well-maintained, exceptionally clean and smelled fresh throughout. Staff were following correct infection control procedures.

People had detailed care plans which they and their relatives helped develop and these were reviewed regularly. People told us they were treated with respect and that staff promoted their privacy and dignity.

The home had a wide range of activities and outings. Activities were relevant to people's interests, recognised people's diversity and promoted their wellbeing.

People told us they enjoyed the food. People's dietary requirements and preferences were met.

There was a positive culture of good, person-centred care and staff we spoke with were caring, enthusiastic and knowledgeable. People and relatives spoke highly of the caring staff and management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 27 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Peartree 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by three inspectors, a specialist advisor and two Experts 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 specialist advisor was a registered nurse.

Service and service type
Peartree Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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
This inspection was unannounced.

What we did before the inspection
Before the inspection we looked at all the information we held about the service. This included notifications of events and incidents at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 11 people who used the service and five relatives. We spoke with 12 members of staff including the registered manager, the administrator, the lifestyle co-ordinator, the physiotherapist, care assistants and nurses. We looked at 12 people's care records. We reviewed five people's medicines administration records. We reviewed four staff recruitment files and records of supervision and appraisal. We looked at other records relating to the running of the service such as complaints records, health and safety checks and quality assurance records.

After the inspection
After the inspection, we sought feedback from professionals involved in the care of people using the service. We spoke to a further two relatives. We reviewed documents such as the home's policies and procedures and training records. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● There were safety monitoring procedures in place, however these were not always being followed. Staff were keeping records of their daily safety checks, such as food and fridge temperatures. On the day of inspection we found that three fridges in resident dining areas had very high temperature readings. One of these fridges had a visibly failing seal and staff had been recording daily high temperatures above 10 degrees Celsius since March 2017. The recent internal audit records we saw showed that the responsible member of staff had signed to say they had checked these fridges and found no concerns.

We found no evidence that people had been harmed, however failure to ensure the safety of equipment put people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The fridges were replaced, and a new process for checking and recording the fridge temperatures was introduced.

● People had clear and detailed risk management and care plans but these were not always being followed or appropriate records kept. One person's assessments noted they were suffering recurrent urinary tract infections (UTI) and were at risk of constipation, poor nourishment and dehydration. Staff were required to encourage them to eat and drink, and monitor their output and general condition. We reviewed their daily records and saw the person's recorded fluid intake was very low and their output was not recorded except when they were incontinent. Nursing staff reported at the end of each shift that the person's fluid intake was satisfactory, even when the person had been asleep throughout or when the total recorded fluid was very low. When the person then became unwell with a UTI, the required monitoring was still not completed or recorded.

Failure to follow risk management plans put people at risk of serious harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were regular fire drills and alarm tests, and records were kept. The alarm system and fire extinguishers were regularly serviced. There was a fire risk assessment and emergency procedures in place.
● A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency

and these were reviewed regularly. Staff told us they were familiar with these and described different ways they would help different people to evacuate.

Using medicines safely

● Medicines to be given 'as required' were not always managed and recorded correctly. One person had been prescribed medicine to be given when they had trouble sleeping. Their records showed that they were being given this routinely every night. There was no indication in their records that they were having trouble sleeping every night and their care plan said they 'sometimes' had trouble sleeping.

● Thickening powders were not being stored safely. We found thickening powders being stored in an unlocked cupboard in one dining area. These are prescribed for individuals and should be stored as if they were a medicine, because accidentally consuming thickening powders is likely to be fatal. On the other floors, they were being stored correctly. A care assistant told us, "It is kept with the nurses and we have to call them to get it, because thickener is counted as a medication."

Failure to ensure proper and safe management of medicines placed people at risk of serious harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The registered manager checked that thickeners were no longer being stored incorrectly and ensured staff were aware of the correct procedures.

● Medicine administration records (MAR) were completed each time a person was supported to take their medicines. These were audited regularly, and any concerns identified were appropriately followed up.

● Medicines were being stored correctly. The temperature of the storage rooms and the fridges was taken and recorded daily. Stock levels were recorded and audited regularly.

Systems and processes to safeguard people from the risk of abuse

● There were systems and processes in place to protect people from abuse. People and their relatives told us they thought the home was a safe place. People said, "I do feel safe here as there are nice people here" and "It is safe here, I know that people can't come in."

● People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They knew how to escalate their concerns and understood their responsibilities around whistleblowing.

Staffing and recruitment

● There were enough staff to meet people's needs. The home had previously used agency staff more often during times of shortage but at the time of the inspection was fully staffed and only using agency staff as a last resort. A person told us, "There are plenty of staff on this floor."

● People's call bells were usually answered quickly. People told us "If I need help I just press the bell, the light comes on and I don't have to wait a long time" and "When I call on the bell they answer quickly."

● Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Nurses' Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

● The home was visibly very clean and smelled fresh throughout. Housekeeping staff were dedicated and enthusiastic. We observed them attending to their duties with care throughout the day.

● There were suitable infection control procedures in place and staff were following them. Staff confirmed that there was a plentiful supply of personal protective equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

● The registered manager was committed to learning from accidents and incidents. Comprehensive records were being kept and these were being analysed to identify any themes or specific areas of concern.

● There was a strong culture of improvement and staff felt confident in reporting to the registered manager when things went wrong. One told us, "Staff here aren't scared to ask if they don't know."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

● People's needs and preferences were assessed and recorded clearly. They included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. People's strengths and areas of independence were noted.

● Staff told us different ways they kept up to date with current standards and good practice, such as through staff meetings, refresher training and the monthly staff newsletter. One staff member told us, "Times are changing, demands are changing… there has to be scope for development and improvement."

Staff support: induction, training, skills and experience

● People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet.

● Staff had received further training relevant to the people they supported. For example, they received training in caring for people with conditions such as dementia, Parkinson's disease, stroke and depression, and in topics such as pressure area care, falls prevention and end of life care. Several staff told us that training was a particular strength of the home.

● Staff told us they felt supported in their role. They had regular supervision and appraisal with their supervisor. They told us they were supported in their personal development and in gaining nationally recognised qualifications. Supervision records showed a range of topics were discussed, including staff personal development and improving the home.

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

● People's nutritional needs were assessed and documented in their care plan. People's weights were monitored and procedures were in place to follow if there were concerns about weight loss or gain. However, daily records were not always appropriately kept to monitor people's nutrition. The registered manager had also identified this as a concern and refresher training was planned to improve record keeping around nutrition.

● People told us they were enjoying their food, and that they had lots of food they enjoyed to eat. Menus were in each dining room. People chose their food in advance but there was also sufficient extra food supplied to each dining room so that people were able to change their minds. Many people had religious requirements around food and these were adhered to. Caribbean food was on the menu twice a week. People told us, "The food is really nice, I like the salads the best" and "The food is very old fashioned which

suits me, they know I don't like spicy food so the staff check I don't get it."
● Staff supported people to eat in a sensitive way. We observed staff seeking consent, ensuring people were comfortable and had enough to eat. People were encouraged to make healthy choices, but their decisions were respected. A person told us, "They are concerned I am not eating and the chef came to see me. I told them I never ate lunch when I was at home, so I'm not starting now."
● Mealtimes we observed had a friendly atmosphere and many people sat sociably at small tables together.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The home was proactive in fall prevention and had a very low rate of falls. The registered manager told us, "Our falls per month are approximately 40-50% lower than three years ago." Most staff had been trained in falls prevention and there was an in-house physiotherapist, who told us, "The staff are all very supportive… they don't just leave it to me." When people did fall, appropriate action was taken such as referring them to the falls clinic and reviewing their medicines. Records were kept of all falls and "near misses" and these were regularly reviewed.
● The physiotherapist and the lifestyle co-ordinator worked together to promote people's physical health. The physiotherapist told us, "We also increase exercise through activity. Exercise is boring!" People told us, "I see the physio on a one to one basis every week, sometimes twice a week, she is brilliant" and "The physio helps me to learn how to get out of bed, she is very good, I also practice getting up and walking."
● People were supported to receive good care when they had to transfer between services. Processes were in place to ensure that a person being taken to hospital would have with them their medicines, personal information, a summary of their needs and their important personal items, such as their glasses or handbag.
● Staff helped people to have access to healthcare services and receive ongoing healthcare support. People were routinely seen by the GP, dentist, optician and any other relevant professionals when they were first admitted to the home. They then saw healthcare professionals in the community or who visited the home as appropriate.

Adapting service, design, decoration to meet people's needs
● The home was a well-maintained, purpose-built building which is fully accessible. At the time of our inspection, one of the two lifts was out of order. The registered manager told us it was scheduled to be repaired.
● People's bedrooms were personalised and reflected their preferences and choices.
● There was clear signage for the various rooms of the home. People told us they could usually find their way around.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed.

● There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests. Such decisions had been made for some people, for example, if they were receiving medicines covertly. We saw that the correct procedures had been followed and complete records kept.

● Staff had a good working knowledge of the MCA and confidently told us how it applied to their work. They said, "We have to assume everyone has capacity until they have been assessed" and "People will have capacity on certain decisions… we have a care plan how best to support them… we never say they just don't have capacity." They told us they routinely sought consent before assisting people.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated by staff. People told us they thought the staff were caring towards them and supported them with respect. We observed friendly, natural interactions between people and staff during our inspection. People told us, "They're all very nice. I get on with everybody" and "They treat me with respect and are caring." A relative told us, "They are all very friendly and helpful."
- The atmosphere of the home was warm and friendly. We saw many instances of people and staff enjoying each other's company, chatting and laughing together. The staff knew people well and were able to tell us in detail about the people they supported.
- People's diverse needs were assessed and included in their support plan. This included information about their religion, culture and language, and any protected characteristics under the Equality Act. Staff were able to describe people's needs and how they met them.

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

- Staff supported people to make choices about their care. Staff said, "We show them their options so they can indicate even if they can't speak to you" and "We give them their choices, which clothes, whether they want a shower, bed bath or a wash." One person told us, "Sometimes I say, 'leave my top half' as I am not a manual worker and I don't need washing there every day. I have a choice."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported their dignity. Screens were used when assisting people to transfer in communal areas. One person told us, "When staff are doing personal care the door is always shut and I am covered as much as possible."
- Staff promoted people's independence. People told us, "Staff help me when I need but I like to do what I can" and "I try to do what I can to help." Some people were at risk of self-neglect. This had been assessed and documented, and staff described appropriate ways in which they encouraged people to choose to accept their support.
- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People were supported by staff who had a good knowledge of their care and support needs. They had detailed knowledge about the background and history of the people they supported. They understood the importance of getting to know people. Where people were unable to discuss their likes and dislikes, their families were consulted appropriately. One relative told us, "I was involved in the care planning, and [the home] always keeps in touch."

● Staff were familiar with people's care plans and found them useful. Plans were regularly reviewed. Staff told us, "They can be updated at any time" and "If we notice something, we will tell the nurse to update it."

● Staff told us they were comfortable with the home's computer based systems, which were used for support planning, risk assessment and record keeping. Staff told us, "We have tablets, everyone has their own login. You can carry it with you wherever you go."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed in line with the AIS. People had communication care plans and staff were familiar with them. They gave us examples of how they communicated with different people. One staff member said, "For example, [person] can't talk but they nod, they communicate with their eyes, nodding and smiling. You take THEIR time, and wait for them to respond."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● There was a wide range of activities, events and outings. The lifestyle co-ordinator had worked there for many years and knew people well. She told us, "We involve people in what they want to do… meaningful activity is key." There were outings including zoo and museum visits, and people stayed active visiting supermarkets and pubs locally. The lifestyle co-ordinator spent a day every week visiting people in their rooms. Activities were held on all floors of the home over the week and included a weekly fruit market, musical and creative sessions, visits from the local mobile library and physical activities. People told us, "There is also group physio where we get to use a large ball and when she rolls it to people she knows

everyone's name" and "We have a lot of entertainers on the ground floor: singers, pianists, pantomime songs, poetry and story telling – it's marvellous. Today was the second time we have had the musician play the Kora. It's so beautiful and restful I actually dozed off."

● The home's activities and outings reflected and celebrated the diversity of people and staff. For example, there were cultural afternoons, an LGBT awareness day, and activities during Black History Month. People took part in individual and collective faith activities. A staff member told us, "[Person] likes to read the Bible a lot, so we talk about it together. Church comes here and they attend the service upstairs. On Saturdays and Sundays people from the church come and visit people in their rooms, they read the Bible together and talk."

● People's talents and skills were promoted. One person told us, "When I first came here they asked me what I liked to do and I said 'art'. They gave me a very simple colouring book, but then I explained I was an artist by profession. I do a lot of drawing and painting in my room now. A resident's daughter who visits and brings her dog in pops in to see me. I took a photo and have done a couple of paintings of the dog." We saw a former teacher revelling in a visit by local schoolchildren, and the lifestyle co-ordinator told us she was often accompanied on her room visits by former nurses who came into their own again chatting with the people being cared for in bed.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place. People and their relatives told us they understood how to complain to the registered manager if they needed to, and what to do if they needed to take it further. Records were kept of all complaints and concerns raised by people or their representatives. These were detailed and we could see that appropriate action was taken in response to complaints and concerns.

End of life care and support

● People's end of life wishes had been discussed and recorded. Their care plans included their preferences around when they wished to be taken to hospital and what their wishes for their funeral were. Where anticipatory medicines had been prescribed this was recorded in the plan and these were available for use when the person needed them. Most staff had been trained in end of life care. They told us they were familiar with people's end of life care plans.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a system of quality assurance checks and audits in place, but these had failed to identify the significant safety issues and breaches of the regulations we found during the inspection. For example, we saw recent audits of the dining area fridges which had been signed by a senior member of staff to say they were 'clean and temperatures within range' yet the daily checks by care staff had clearly recorded maximum fridge temperatures well above safe limits for over two years. This put people at significant risk and was a negligent failure of the system designed to protect them.
- Staff were clear about their roles and responsibilities, however some nursing staff were not consistently meeting their responsibilities around risk management, monitoring of people's wellbeing and keeping records. This potentially put people at risk and meant that the home could not evidence that they had been adequately caring for everyone.
- The registered manager was knowledgeable about good practice. She attended training and events, and kept up to date with different resources including CQC publications and guidance from the National Institute for Health and Care Excellence (NICE).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff were committed to providing good, person-centred care. The home had a positive atmosphere and staff told us they enjoyed working there. Staff told us, "It's like a family here" and "We look after elderly people well, in all areas." Staff spoke to and about people in a positive and empowering way. People told us, "The manager is so friendly and helpful, she is easy to talk to."
- People's feedback was sought in formal and informal ways. We observed that people and their relatives were routinely comfortable expressing their feelings and making requests of the staff. Quality surveys were undertaken. One person told us, "There have been two surveys sent to my relatives, the first one to my husband when he was alive and the second to my son who lives at home". One relative had attended a relatives' meeting and told us, "They're not well attended by the families in general. The management take note of concerns and act on them as far as I know."
- Good care by staff was recognised and rewarded. There was an Employee of the Month and an annual Appreciation Day for staff. There was an annual employee satisfaction survey.

Continuous learning and improving care

● The registered manager was committed to improving care and responded quickly to the issues which had been identified by the home's own quality processes and during the inspection. Efficient action was taken and plans made to prevent recurrence. Lessons learned were quickly shared with other services run by the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the duty of candour and their regulatory responsibilities around reporting to the CQC, and sent the required notifications correctly. We could see in records of incidents and near misses that the registered manager communicated openly with the relevant people.

● The home had an open culture and staff felt confident reporting concerns and near-misses to the registered manager. Staff told us, "I have worked in other places… there's openness and honesty here, that helps us a lot. Being able to come to a manager and feel listened to, that's one of the biggest things. It's a very family orientated place" and "They listen to staff. For me [registered manager] is the best manager in all my care jobs, she's very approachable."

Working in partnership with others

● The home worked very well in partnership with local professionals, other homes and services and had good community relationships. For example, there were regular visits from local schoolchildren, who enjoyed arts and crafts and singing with people. There were many open days and community events.

● The home took part in studies and programmes which aimed to improve care nationally. For example, it worked with the Care Home Research Network at Kings College London.

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 The provider failed to ensure care was provided in a safe way, as: Risks to people had been assessed but plans to mitigate risk were not always followed. (2)(b) Equipment used was not safe to use for its intended purpose. (2)(e) People's prescribed medicines were not managed safely. (2)(g)