Care Quality Commission

Stanmore Care Homes Limited

Stanmore House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection of Stanmore House took place on the 10 December 2015. At our last inspection on 21 January 2014 the service met the regulations inspected.

Stanmore House is registered to provide accommodation and personal care for 3 people. On the day of our inspection there were 3 people living in the home. The home supports people with learning disabilities who may have additional mental health needs. The service is also registered to carry on the regulated activity personal care to people not living at Stanmore House. At the time of our inspection the registered manager informed us that although a service of support in a range of areas was being provided to some people who were not living at Stanmore House, these people currently did not require support with personal care. The services are operated by Stanmore Care Homes Limited.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not on duty during the inspection but a manager of another of the provider's services spent time in the home and provided us with the information we required.

People were encouraged and supported to make decisions for themselves whenever possible to maintain and develop their independence. People participated in a range of activities of their choice, and were supported to learn and develop a range of skills. People were provided with the support they needed to take part in and develop social interests, and maintain links with their family and friends. Staff engaged with people in a friendly and respectful manner.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Care plans were personalised and reflected people's current needs, and contained the information staff needed to provide people with the care and support they wanted and required. Appropriate, up to date records were in place and kept secure.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

People were supported to maintain good health and well-being. They had good access to appropriate healthcare services that monitored their health and provided support, treatment and advice when people were unwell. People were provided with a choice of food and drink which met their preferences and dietary needs.

Staff had an understanding of the systems in place to protect people who were unable to make particular decisions about their care, treatment and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were arrangements in place to obtain, and act in accordance with the consent of people.

There was an open and inclusive culture within the home. People using the service, their relatives and staff told us they felt able to communicate their views about the service and were confident that any concerns would be addressed by management staff. There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and risk assessments protected people from harm whilst promoting their independence.

Medicines were managed and administered safely.

The staffing of the service was organised to make sure people received the care and support they needed and wanted. There were effective recruitment and selection procedures in place to make sure people were supported by suitable staff.

Is the service effective?

Good

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in providing people with effective care and support.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People received the healthcare treatment and advice they needed and were supported to maintain good health.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect. Staff understood and valued people's rights and involved them in decisions about their care. People's independence was encouraged and supported.

Staff respected people's right to privacy and had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to changes in their needs and wishes.

People were supported to maintain and develop their personal skills and social interests. People's maintained links with the wider community and their individual needs were respected and accommodated.

Summary of findings

There was a system in place for peoples' complaints to be listened to and addressed. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. The management of the home was open and inclusive. People, using the service and their relatives told us that the registered manager was approachable and they were very satisfied with the management of the home.

People using the service, their relatives, staff and others had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor and improve the quality of the services.

Stanmore House

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. Prior to the inspection we looked at the Provider Information Return [PIR] which the provider had completed before the inspection. The PIR 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. The PIR was discussed with the registered manager and deputy manager during the inspection.

There were three people using the service, we spoke with two people during the inspection. We also spoke with the registered manager, the deputy manager and a care worker. We spoke with two care workers following the inspection and received feedback about the service from three relatives of people. We also contacted 5 health and social care professionals to obtain information about the service. At the time of this report we had received feedback from two health and social care professionals.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of the three people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Stanmore House. A person told us "Yes, I feel safe, I am happy here, they [staff] are nice." The person informed us they knew who to speak with if they were worried about anything.

There were policies and procedures in place, which informed staff of the action they needed to take to make sure concerns about people's safety including suspicions of abuse, were reported to the right people at the right time. Staff we spoke with knew how to contact relevant external agencies including the host local authority safeguarding team. Staff were able to describe different kinds of abuse and told us they would immediately report any concerns or suspicions of abuse to the registered manager and/or the deputy manager. Staff were confident management staff would address any safeguarding concerns appropriately. Staff informed us they would follow the whistleblowing procedure if they became aware of any poor practice. They told us and records showed they had received training and regular refresher training about safeguarding people.

There were appropriate arrangements in place for supporting people to manage their finances and to keep people's money safe. We saw receipts of people's spending and appropriate records were maintained of people's finances. To reduce the risk of financial abuse regular checks of the management of people's personal money were carried out by management staff.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff told us there were enough staff on duty to provide people with the care and support they needed and to keep them safe. A recent feedback survey from people using the service indicated that they felt there were enough staff to ensure they received the care they needed and sufficient one-to-one time with staff. Staff told us the staffing in the home was flexible. They provided us with examples of when extra staff had been provided such as when people needed staff support to attend appointments and activities outside of the home. A relative told us they felt there were enough staff on duty.

Management staff and a care worker confirmed there was consistency of staff who knew people well and understood their individual needs. People's care plans included triggers for behaviours that challenged the service and the measures in place for supporting the person. Records confirmed staff had received training in managing challenging behaviour, and had discussed the topic during their supervision. A person using the service spoke in a positive manner about staff, including their key worker who they said they knew well and was nice.

Care plan records showed risks to people were assessed and guidance for staff to follow minimised the risk of people being harmed but also supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans to keep people safe. They had been completed for a selection of areas including swimming, people's behaviour, cooking, gardening, ironing, medicines, finances and risks within the home. Risk assessments were regularly reviewed. Care workers we spoke with were very knowledgeable about people's risk assessments and the importance of following the guidance to manage risks. A care worker told us about specific guidance staff needed to follow when a person's behaviour challenged the service. General health and safety risk assessments such as the use of cleaning products, the use and storage of sharp knives, smoking, wet floors, risk of scalding were also in place, and reviewed on a regular basis.

Accidents and incidents were recorded and addressed appropriately. A care worker told us they would report all incidents to the registered manager and/or deputy manager. Records showed incidents were regularly reviewed and analysed. The deputy manager told us she would complete an action plan to show the action that had been taken in response to the reviews of incidents and accidents, such as details of the support provided to people and staff, and any improvements made to the service to minimise the risk of accidents.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Staff we spoke with confirmed that checks had been carried out prior to them starting their job. The deputy manager told us staff criminal record checks were carried out every three years.

Good

Is the service safe?

Medicines were stored and managed safely. An up to date medicines policy which included procedures for the safe handling of medicines was available. There was accessible information including, pictures and details of each person's medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. A person told us they received their medicines. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. Staff told us and records showed they had received medicines training and had also completed a comprehensive medicines competency assessment before they managed and administered medicines. Records showed staff also received regular checks carried out by management staff of their competency to administer medicines.

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. There was clear fire guidance displayed in the home. People using the service took part in fire drills and received instruction about fire safety so they knew what to do in the event of a fire. Records showed staff had access to information about what to do in the event of an emergency, and each person had a written individual fire risk assessment.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves. Staff received infection control training so they knew about the action they needed to take to prevent and minimise the risk of infection in the home.

Good

Is the service effective?

Our findings

A person using the service told us they were happy living in the home and staff understood what they liked and how they needed to be supported. Comments from a recent relative's survey included "The staff are very nice and welcoming. Any issues/problems I am kept well informed," Relatives also told us that staff knew people well and understood their needs.

Care workers we spoke with were knowledgeable about people's needs and positive about their experiences working at the home. They told us they enjoyed their job supporting and caring for people, and were aware of the responsibilities of their job roles and told us they received the training and support they needed to carry out their roles in providing people with effective care and support.

Staff told us and records showed staff received a comprehensive induction programme, so they knew what was expected of them when carrying out their role in providing people with the care they needed. Care workers told us during their induction they learnt about the organisation, had a tour of the home, and were informed of health and safety issues including action to be taken in the event of a fire. The deputy manager told us that all staff had either completed or were in the process of completing the new induction Care Certificate which is the benchmark that has been set in April 2015 for the induction of new care workers. We saw a certificate that showed a member of staff had completed this induction course. A care worker informed us that the Care Certificate was a very comprehensive induction, which covered all areas of their duties and responsibilities and was "Very good."

Staff told us they received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, first aid, infection control, health and safety, food safety and MCA/ DoLS. All staff had also received training and learning in other relevant areas including epilepsy, and challenging behaviour. Staff had also received training in mental health awareness, learning disability awareness, autism awareness, dementia, moving and positioning. A care worker told us that training was discussed and planned during their one-to-one supervision. They informed us they would tell management staff when they felt they needed further training in a particular area and they were confident this would be provided. Another care worker told us "We are up to date with everything." Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this.

Staff told us they felt well supported by the registered manager and deputy manager who they said were approachable and always available to provide the support and guidance they needed. Care workers commented "I can ask 'silly' questions and not feel judged," and "I can talk to [management staff] anytime." Staff told us they received supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people's needs. They told us that during one-to-one supervision meetings practice issues were discussed such as action they needed to take in response to an allegation of abuse, strategies to support people and what they were required to do if they found equipment to be faulty.

Staff told us they spent a lot of time when they first started working in the home talking with people to get to know them and by speaking with other staff including management staff about people using the service and their needs. A care worker told us they regularly read people's care plans and other records to ensure they were aware of people's current needs. People's needs and the service were also discussed during staff shift 'handover' meetings. A care worker told us there was very good communication among the staff team about each person's needs, so they were up to date with people's progress and knew how to provide people with the care and support they needed. A relative of a person told us "They [staff] know him [Person] so well."

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people had access to a range of health professionals including; GPs, psychiatrists, opticians, dentists to make sure they received effective healthcare and treatment. A person using the service told us they had attended health appointments.

Management staff and care workers were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. Staff we spoke with were very

Good

Is the service effective?

knowledgeable about MCA and DoLS and knew that people who were found to not have the capacity to make a specific decision, health and social care professionals, staff and on occasions family members and/or advocates would be involved in making a decision in the person's best interests. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. The deputy manager told us that everyone living in the home had the capacity to make decisions about their lives, including going out without staff supervision. She informed us no one was subject to DoLS authorisation at the time of our visit. Staff told us and records showed that staff had completed MCA and DoLS training.

A care worker we spoke with was knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. People's care records showed that people were asked for their consent in a range of areas including having provided consent for some people to look at their care plans. A care worker told us they always asked people for their consent before looking at their plan of care. People's care plans indicated they were supported to be involved in decisions about their care and treatment.

A person told us they enjoyed the meals and that their preferences were catered for. Menus were flexible and based on people's choices of what they liked to eat. A care worker told us people were informed about healthy eating and healthy options, but that ultimately it was the person's choice about what they wished to eat, and staff ensured these decisions were respected. Meals were discussed during resident's meetings and people were involved in shopping for food. We also saw a range of ingredients available for people to make snacks. A person using the service told us they sometimes made themselves a sandwich, and helped with the preparation of meals. They told us "I can choose what I want to eat."

A person told us they liked their bedroom and had personalised it with a range of possessions. They told us they spent time in the garden during warm weather, and had enjoyed a barbeque in the summer. Some communal areas of the home had recently been renovated. The deputy manager informed us other areas of the home including the upstairs hallway area, which currently was rather 'tired' looking and lacking in colour, would be redecorated. Comments from a relative's survey included "The accommodation is nice and well kept."

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and respective way. A person we spoke with were complimentary about the staff and told us they treated them well, listened to them, and provided them with the care and support they needed. The person told us "I am happy here, It's nice here." Feedback from relatives and others included; "The team at Stanmore House care for [Person] extremely well," "I am very happy," "Staff provide lots of care, it's a homely set up," "They [staff] are respectful to people's needs," and "The staff are friendly and approachable."

A care worker told us about supporting and involving people in decisions about the support and care they needed and in the day to day decisions about their lives. They indicated that they had a very good understanding of their role in being caring, respectful and supportive towards the people using the service.

Care plans included a comprehensive background and profile of each person, so staff had a range of information about each person, which enhanced their understanding of people's needs. A person told us they felt fully involved in decisions about their life, including deciding the activities that they wanted to participate in. Care workers told us that people using the service had been involved in the recruitment of staff by asking questions during their interviews. Records confirmed this.

The deputy manager told us people were fully involved in discussions about issues to do with the service and in the wider community such as the promotion of eco-friendly practices by purchasing eco-friendly cleaning products and filling the kettle with only the amount of water needed, to save electricity.

People's daily routines and preferences were written in their care plan. Each person had a key worker who supported them in their day to day lives. A person told us the name of their key worker who they told us supported them in several aspects of their lives, including planning activities and shopping for toiletries. A care worker spent one-to-one time with a person using the service during the inspection.

The deputy manager told us some people had chosen to vote at the General Election in May 2015. She told us about supporting people's independence. These included decisions about what they wanted to do and purchases they wanted to make. A person told us they had a travel card which enabled them to access public transport without cost. A relative of a person told us that they felt a person had become more independent since living in the home.

People's right to privacy was respected. People had their own key to their bedroom and front door. A person told us they could choose where they wanted to spend time in the home such as their bedroom or the lounge. The deputy manager told us there was an 'open door' policy so people accessed the office whenever they wished and often spent time with staff in the office. A care worker told us people could choose where to have one-to-one meetings with their keyworker such as in the person's bedroom if they wanted privacy. Staff told us dignity and respect was discussed frequently by the staff team. The registered manager spoke of the importance of monitoring the engagement between people to make sure people were always treated with respect. She told us people using the service were encouraged to speak up about any negative engagement they or others received from people including staff. Records showed some staff had recently completed dignity and respect training and others were in the process of completing it.

A care worker had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's records were stored securely. A person told us and staff confirmed that people opened their personal mail.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. Staff told us and records showed people had frequent contact with their relatives and often visited them. Relatives of a person told us about the significant support staff provided in arranging and supporting people to visit them. They spoke about the importance of these visits for them and people using the service. A person told us about how much they enjoyed visiting their family member, and spoke about their friends who they regularly saw during activities and social occasions, such as birthday parties.

A care worker described equality and diversity as "Inclusion, valuing people and being aware and respectful

Good

Is the service caring?

of people's religion, relationship choices." The deputy manager told us she reminds staff to see each person using the service as "Person first and service user second, so the person's needs do not define the person." She told us and records showed that there had recently been a range of discussions with people using the service and staff about equality and diversity matters. These had included conversations about gender orientation, gender re-assignment, age, disability and religion. During one of these discussions records showed a person had 'made a point of explaining how it doesn't matter where someone comes from. It matters that they are a nice person.' The deputy manager told us that counselling to do with sexual issues was available via the referral process to people. A care worker told us that people enjoyed celebrating a variety of religious festivals but currently chose not to go to attend a place of worship. A person told us that they were looking forward to Christmas, and said their birthday was acknowledged and celebrated by the service.

Good

Is the service responsive?

Our findings

The registered manager told us that before a person moved into the home information about the person's needs was obtained from health and social care professionals. He informed us that an initial assessment of the person's needs was then carried out by himself usually with the deputy manager to determine if the service was able to meet the person's needs, and to make sure the person was compatible with other people using the service. The registered manager informed us people visited the home before moving in and the number and sort of visits varied according to each person's individual needs and preferences. Records confirmed this.

People's care and support had been individually planned to meet each person's specific needs and preferences. The three care plans we looked at were tailored specifically to the person's individual needs and contained detailed information about people's health, support and care needs and what was important to them. The care plans included comprehensive guidance about how staff needed to support and involve people in their care and how to support them in achieving personal goals. Care plans demonstrated each person was central to and the focus of their plan of care. A person told us they knew about their care plan and participated in its review. Records showed staff had completed training in providing people with person centred support.

The deputy manager told us people's needs were assessed and monitored on a day to day basis by the staff team. Records of people's care and support were completed during each working shift so staff had up to date information about each person's needs. Staff told us and records showed that staff were responsive to changes in people's needs and contacted health and social care professionals including psychiatrists for support and advice when required. A relative told us that the behaviour of a person using the service had improved since they commenced living in the home. Another relative told us [Person] can be challenging at times, but they know how to calm [Person] down."

Relatives of people were kept informed about their family member's well- being, and were contacted when people's needs had changed and about significant issues to do with their lives. A relative confirmed this and told us that they were fully involved in decisions about people's care. They told us "They [staff] listen, and always let me know about any changes to do with [Person]." Records showed people's care plans were reviewed regularly.

People's individual choices and decisions were recorded in their care plan. Staff were knowledgeable about people's preferences and the type of activities they enjoyed. Each person using the service had an individual activity plan. Staff supported people to follow their interests, develop and learn new skills, and take part in a range of activities including those that were community based. A care worker told us "We respect people's choices and if they don't want to do something we discuss alternatives with them." A person told us they enjoyed the social events they took part in and spoke about the support they received from staff to follow their particular interest and hobby. A relative told us that a person using the service had a good social life.

Activities people took part in included; college courses such as pottery and cooking, participation in a garden work placement, volunteering at a charity shop, going to a library, gym, pub, cinema, and learning Information Technology [IT] skills. During our inspection each person took part in activities outside of the home, one person went on a day trip to a coastal town. People had access to a computer; we saw a person use it during the inspection. A person using the service told us they had been on a holiday abroad with staff.

People also participated in household tasks including the laundering of their clothes, vacuuming, ironing, food shopping, cooking and tidying their rooms. A person told us they sometimes tidied their bedroom.

The service had a complaints policy and procedure for responding to and managing complaints. Staff knew they needed to take all complaints seriously and report them to management staff. Relatives told us they had no concerns or complaints about the service. They said that if they had a concern they would feel comfortable raising it, and were confident that complaints would be addressed appropriately and promptly. People were asked during residents' meetings if they had any concerns or complaints. A person told us they would speak to staff if they were worried about something or had a concern.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the service. They told us the registered manager, deputy manager and care staff were approachable and listened to them. Comments from a person using the service included, "I can talk to [deputy manager] she helps me." Relatives of people told us "It [the service] is very good," "[The registered manager] is absolutely brilliant," and "I have very good communication with [registered manager] and his deputy, every time I visit they both make time to chat." Comments from recent feedback surveys were very positive about the registered manager and deputy manager, these included; "[The registered manager] is very good," "There are many things we like about the service, mainly we are very happy with the support and communication," and "They [management staff] are always open to suggestions,"

Regular staff meetings, provided staff with the opportunity to receive information about any changes to the service and to discuss best practice issues, and raise any concerns or comments they had. Care workers told us that management staff encouraged their feedback and listened to them. They told us they had no concerns about raising issues about the service and people's care to management staff, and were confident they would be listened to and issues raised would be addressed. Comments from staff included "They [management staff] are very approachable and helpful, we can talk about the service, they listen."

People also had the opportunity to attend regular resident meetings where they were asked for feedback about a range of areas to do with the service. Records showed during these meetings people had been asked for any suggestions about improving the service. They had also discussed a recent fire service check, flu vaccination, a Halloween party, and a person's birthday. A person using the service told us staff listened to them. We saw positive engagement between people using the service and staff including management staff.

Records showed satisfaction surveys had been recently completed by people using the service, their relatives, staff, and health and social care professionals. Results of this feedback showed people were satisfied with the service.

The deputy manager told us that planned to complete an action plan from this feedback to show any improvements to the service that had been made in response to this feedback.

People's care records showed the service worked with others such as service commissioners and health professionals to provide people with the service they required. Records showed that action had been taken by management staff in response to a recent quality check of the service carried out by the host local authority. Health professionals informed us they had a positive working relationship with the service. Comments included "[The registered manager] is responsive and will discuss potential problems and make appropriate changes where necessary" and "It's a very personal service, they take people's needs into account."

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing. Staff knew about the policies and how to access them when this was required. Records showed during staff supervision staff had discussed with management staff policies including; confidentiality, medicines, and sharing information. Staff had also been informed of policies that had been reviewed so they were up to date with any changes. A care worker confirmed that policies were regularly discussed during staff meetings and their one-to-one supervision.

Care workers told us and records showed that the deputy manager monitored staff performance by observing and assessing staff carrying out a range of duties that included preparation of people's meals, picking people up in the house vehicle from activities and appointments, and when they provided support to people such as when they helped people make phone calls to family members.

Management staff undertook a range of audits to check the quality of the service provided to people. Regular checks of the service included; care plans, risk assessments, maintenance checks, safety of the environment, temperature checks of the hot water and fridge/freezers, cleanliness of the premises, First Aid box, people's finances, and the management and administration of medicines. Action was taken to make improvements when this was needed.