Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Oak Lodge Nursing Home

45 Freemantle Common Road, Southampton, SO19 7NG

Tel: 02380425560

Date of Inspection: 17 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Bupa Care Homes (CFHCare) Limited
Registered Manager	Mrs Miranda Daniella Morgan
Overview of the service	Oak Lodge Nursing home provides care and support to older people with dementia and mental health problems. The home is situated on the outskirts of Southampton city.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We followed up on compliance actions which were set in August 2013 for infection control, care and welfare of service users, assessing and monitoring the quality of service provisions and records. We used the information to answer the five questions we always ask;

Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well-led?

This is a summary of what we found-

Is the service safe?
People were cared for by staff who were fully aware of their needs and who had the skills to provide the support people required. There were adequate staff on duty to meet people's needs and we observed staff were available and attended to people ensuring they were safe. Systems were in place to ensure people's changing needs were met and they were referred to external professionals as required. Staff followed their procedures for infection control. Risks assessments had been completed and equipment was in place for the safe moving and handling of people. A senior member of staff told us they had looked at the "fluctuating" staffing and had recruited over their numbers in order to ensure they have adequate staff.

The management of creams and ointments which were prescribed was not robust and may impact on people's welfare and wellbeing. We asked the provider to tell us what they are going to do to meet the requirements of the law in relation to the management of people's prescribed medicines.

Is the service effective?
People's care and support were based on thorough assessments and care plans developed to support people's needs. Relatives told us they were consulted as appropriate to provide information about their relative's needs. Systems were in place to ensure care was delivered according to people's needs. Staff sought the support of external professionals to ensure care was tailored to people's needs and up to date guidance such as tissue viability nurses' support.

Is the service caring?
We observed the staff showed attentive and caring attitude towards people when providing care and support. They provided reassurance and support to people in a calm and supportive manner. A person told us "the staff have time to talk with people and provided reassurance when it was needed". People told us the staff were "very caring and really good". A relative said "you can go home and not worry". We saw staff supporting people with their meals at a leisurely pace and interacted positively with them. Relatives told us staff "always" respected people's dignity. A person told us "this is never a problem."

Is the service responsive?
An assessment was completed prior to people moving into the home to ensure their needs could be met. People told us they had been involved in their relative's assessments and care planning, and that their views and preferences were taken into account. Staff carried out regular reviews of people's needs and action taken to address any changes.

Is the service well-led?
Systems were in place to regularly assess and monitor the quality of service provided. Risks were assessed and appropriate action plans were in place. There were processes in place to review and learn from incidents, accidents and complaints. People's views were sought through satisfaction surveys and action plan developed to address any issues as needed.

At the last inspection in August 2013, the management of people's records were not managed effectively. At this inspection we found records were stored safely and securely. These were available when we requested to see them. There were minor shortfalls in some records for continence management and fluids charts recording at night. We asked the provider to tell us what they are going to do to meet the requirements of the law in relation to the management of these records.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 25 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The assessment, planning and delivery of care and treatment were appropriate in meeting people's needs. People's needs and risks had been assessed and care plans were developed to meet them.

Reasons for our judgement

At the last inspection in August 2013, the provider was not meeting this standard. We set a compliance action and the provider provided us with an action plan which showed measures they were taking to become compliant.

People's needs were assessed and care had been developed to support people's individual care needs. A visitor told us they had visited the home prior to their relative moving in and was "very impressed" with what they saw. We looked at nine care plans and associated records as part of our inspection. We saw each person had an assessment completed prior to them moving into the service. This was to ensure the home was suitable for them and their needs could be met. Staff told us the information from their assessment was used in the development of their care plans.

People living at the service had varying degrees of dementia/cognitive problems. We spoke to three relatives and eight people and observed the care and support people were receiving. We found staff were helpful, caring and supportive of people's needs. People we spoke with were complimentary about the care and support they had received. Some of the comments by the relatives included "we are very impressed with the staff and the care" and "you can go home and not worry".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care records contained a variety of risk assessments such as falls, moving and handling, nutrition and skin integrity. We saw care plans had been developed to provide information for the staff about how these would be managed. The three people's records showed they had been identified as high risk of falls. We noted equipment for their safety, such as bedrails, "crash mats" and sensor pads were in place as reflected in their care plans. Staff told us the sensor alarms were also used during the day as an added tool, which would alert the staff if the person was out of bed. They also carried out hourly checks on people, who were at risk of falls in their bedrooms to monitor

their safety.

There was equipment available for the safe moving and handling of people. The care records contained moving and handling risk assessments and the type of equipment needed. Staff were knowledgeable about people's needs and we spoke with three staff who were able to tell us about the type of slings they used for particular people as denoted in their care records. This meant care and support was delivered in line with people's assessed needs.

For people who had been identified as at risk to skin breakdown; pressure relieving equipment was in place. There was a system for checking that the equipment was set at the correct level, as pressure mattresses set at too high or two low could be detrimental to people's skin integrity. We saw records were kept of the daily pressure mattress checks. The provider may find it useful to note that two of the six mattresses we checked were not set at the correct level, although the records showed these had been checked that day. We raised this with a senior staff member and action was taken.

Appropriate action plans were in place for treatment of pressure ulcers. The care records for two people with pressure ulcers contained details of wound dressing to be used to inform staff practice. Staff carried out regular reviews of the wounds and advice from expert advisors such as tissue viability nurse was sought. Staff reported to us they had difficulty in securing this advice in a timely manner as referrals were not responded to for two weeks at times. A senior staff member said this was being addressed as this may impact on the treatment people receive.

There was evidence of regular reviews of risk and care plans to ensure they remained current. Following a visit from a professional we saw a person's care plan had been updated as their treatment had changed. Another person's care plan showed they had been seen by the physiotherapist and their pressure cushion was upgraded to meet their needs; as this person was sleeping in their chair. This meant system to review needs were followed and action taken to safeguard people.

We found people who were at risk of weight loss and malnutrition received appropriate support and care. People's weight was monitored and action taken such as referral to their GP or dietician as appropriate for nutritional supplements. We observed people were supported with their food and fluids and this was carried out in a sensitive and caring way.

People who had diabetes received appropriate care. The care records showed they had their blood sugar monitored. This included information about the acceptable range for their blood sugar level and action to take if it fell outside those levels. Staff followed good practice guidance and blood sugar levels were checked prior to the administration of Insulin and records were maintained. This meant staff took action to ensure people received care and treatment according to their needs and any changes in needs were addressed with appropriate management put in place.

People were referred to external healthcare professionals as needed . The record for a person showed they were receiving their feeds via a tube and was under the care of a dietician. They had been prescribed a feed regime to ensure they received an adequate amount of feed and fluids. Staff were able to tell us about the changes in this person's feed regime when they attended day care once a week. The provider may provider may find it useful to note the person's care plans did not contain information about the process staff

followed for consistency of care.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. There was suitable adaptation to the environment and equipment was in place to ensure people had access to all parts of the home. The main doors had key pads with restricted access; the layout of the home allowed people to walk freely to access all communal areas independently and with staff's support. We saw in care records an assessment of people's religious and cultural beliefs were recorded. People had the opportunity to attend religious services which were held regularly at the home.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. A senior member of staff confirmed there was no one accommodated at the time of our inspection who was under this safeguard. Staff were able to tell us of the process they would follow which would include best interest decisions taken at appropriate levels and within a multidisciplinary context.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment which met their needs.

Reasons for our judgement

At the last inspection in August 2013, the provider was not meeting this standard. We set a compliance action and the provider provided us with an action plan which showed measures they were taking to become compliant.

During this inspection we found there was a system in place to reduce the spread of infection. We looked at the communal areas and sixteen bedrooms and found they were clean and hygienic. All the communal areas were clean and well maintained. People were complimentary about the standard of cleanliness. A relative commented "one thing there is no smell here whenever you come". Another visitor told us they came to visit the home unannounced when they were looking for somewhere for their relative and "knew it was the right place for mum. Everywhere was clean and no smell, unlike other places I had visited".

There were effective systems in place to reduce the risk and spread of infection. There were procedures in place which covered different aspects of infection control. Infection control risk assessments had been completed, which included measures to manage the risks associated with incontinence, spillages and urine catheters. There was a cleaning schedule for daily cleaning and deep cleaning of the bedrooms and floorings. A cleaning record was maintained to confirm that it had been conducted in accordance with the schedules.

The service conducted an infection control audit, which were used to identify areas of concern. We looked at the most recent audit, which had been completed in March 2014. This had identified some issues which needed to be addressed. The provider may find it useful to note that an action plan from the audit had not been completed to ensure the necessary improvements were made in a timely way. We were told the manager had been on leave and this would be addressed.

The staff told us they had received training in infection control and the training was updated yearly. We spoke with six staff members about infection control procedures. All were clear about the processes for managing soiled linen and using dissolvable red bags. We saw that personal protective equipment (PPE) was readily available in various places

throughout the home. We observed staff followed their procedure and PPEs were used and discarded appropriately. This meant staff followed infection control procedures and ensured people were protected from the risk of cross infection.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The management of creams and ointments was not robust and may put people at risk.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We had not intended to inspect this standard, but identified some concerns with topical creams management during our inspection. We therefore decided to include it in our inspection.

Appropriate arrangements were in place in relation to the obtaining of medicine. The home used the monitored dosage system (MDS) and we were told by the staff that this worked well. The MDS ran over a 28 day cycle and there were designated staff responsible for the monthly medicines order. This ensured medicine was ordered and received on time as prescribed to meet the needs of people who use the service.

Staff told us they were using the bulk ordering system for creams and ointments. This meant they ordered a quantity of creams and ointments. The doctor prescribed these for each individual as needed and this was recorded on their medicine administration record (MAR) charts. During our inspection we found all the creams and ointments which were in people's bedrooms, had not been labelled with the person's name. These also did not contain the date of opening as per the home's procedure. People were therefore at risk of receiving creams/ointments that may have expired. There was also an infection control risk of people receiving creams from other people. A staff member confirmed that all creams should be labelled with the person's name prior to them being given to people. However this procedure was not being followed and put people at risk of not receiving their medicines safely.

There was an internal audit for medication which was carried out monthly. The last audit dated April 2014 achieved 80% compliance in relation to "as required" medicines as the MAR charts were incomplete. A senior staff member told us an action had been developed and this had been raised with the staff. This meant where shortfalls had been identified action was taken in order to ensure people continued to receive their medicines.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The risks to the health, safety and welfare of people using the service and others were managed effectively.

Reasons for our judgement

At the last inspection in August 2013, the provider was not meeting this standard. We set a compliance action and the provider provided us with an action plan which showed measures they were taking to become compliant.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We looked at the last customer satisfaction survey which was carried out in autumn 2013. This showed people were overall satisfied with the care and support provided. For example they scored 100% when they asked people if they were treated with dignity and respect. Some of the comments included" the staff are excellent, very caring". Another person said "they love and understand my mother's needs". A relative said "they have given her another life; I'm very impressed and have no complaints."

There was an effective system for monitoring the quality of service provided. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. There is a quality manager who carried out regular audits at the home. Following a recent skin care audit, we saw an action plan was developed to address the identified issues within a set timescale.

The manager completed a monthly audit of incidents and accidents. As a result of the falls audit, the home had developed a falls prevention and management workbook for all the staff. They had updated their policies and produced posters to raise awareness. The family members confirmed that care plans were reviewed and updated whenever necessary to reflect any changes and were kept informed of these changes.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw staff had involved a community psychiatric nurse (CPN) and the GP in the management of a person who use the service. Staff and the GP reported that this had a positive impact on the welfare and wellbeing of this person. Care staff were aware of and said they referred any clinical concerns such as weight loss or skin integrity issues to the

registered nurse and were guided by them to ensure people received safe and appropriate care. People who had lost weight were weighed weekly. The visiting GP was alerted and we saw action had been taken; staff had implemented full fat pudding and drinks for this person.

The service had a procedure for logging compliments and complaints. People using the service were told about the complaints procedure and received this information when they joined the service. Comments and complaints were reviewed by the manager. There had been one recent complaint and record showed this had been responded to as required.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were mainly protected from the risks of unsafe or inappropriate care and treatment. The records of care were not always maintained in a consistent manner to inform staff's practices.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the last inspection in August 2013, the provider was not meeting this standard. We set a compliance action and the provider provided us with an action plan which showed measures they were taking to become compliant.

At this inspection, we found records were available when we asked to see them. A system had been developed and records of care, food and fluid charts were filed appropriately and easy to access and follow. People's care plans and risk assessments, which were required to be kept to protect their safety and wellbeing were maintained and held securely. Staff told us they were aware of maintaining people's confidentiality and discussing people's care.

People's personal records including medical records were appropriately maintained. We looked at a sample of five people's records and found the care, treatment and support plans were reviewed and updated to reflect their current needs. Records included reviews, such as falls, weight loss and actions taken were now recorded to inform the staff's practices.

The records of care showed staff took into account the dignity and confidentiality of people. The staff records and other records relevant to the management of the service were accurate and fit for purpose. Records of accidents and incidents were recorded including report of incidents which had been reported to us. A record of this was available at the home.

The process of recording people's food and fluids during the day had improved. Staff were aware of people who needed their food and fluids monitored. We saw the records contained details of amount of fluids and thickening agents added as prescribed. However there were inconsistencies in two fluid charts seen and fluid records were not completed at night. Although a person we spoke with said staff did support them with their fluids at night.

The record for a person who required support to manage their continence was not accurately completed. Staff confirmed they carried out checks of pads when they attended to people and this was carried out 2-4 hourly. However there were gaps in this person's continence management record which may impact in the consistency of care. This had also been identified as part of the provider's internal audit. A staff told us this would be addressed and confirmed people were supported to have fluids at all times and their continence managed according to their needs.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: Arrangements for the management of people's creams and ointments were not robust and may pose risks to the health and welfare of people who use services. Regulation 13.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected against the risks of unsafe or inappropriate care and treatment arising from inconsistent record in respect of the care. Regulation 20(1) (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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