Four Seasons (DFK) Limited

Springfields Care Home

Inspection report

33 Springfield Road, Elburton Plymouth Devon PL9 8EJ
Tel: 01752 482662
Website: www.fshc.co.uk

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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

The inspection took place on the 26 and 27 November 2015 and was unannounced. At our previous inspection on the 4 and 5 November 2014, we found issues with how the provider was ensuring the service had enough staff to meet people's needs safely. This included planning and meeting people's individual needs, ensuring people's complaints were dealt with and keeping records that were accurate and complete. When we carried out this inspection this time we found all issues had been addressed.

Springfields Care Home provides nursing and residential services to up to 85 older people. There were 66 people living at the service when we visited. The service has four units providing care for people who may be living with dementia, have a mental health diagnosis or/and a physical disability.

A registered manager was employed to manage the service locally. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they were safe and happy living at Springfields Care Home and were looked after by staff who were kind and treated them with respect. Comments we received included: “I am happy here, I know everyone. I couldn’t be more pleased. This is a ‘Home from Home’ for me”, “They look after me pretty good here”, “This is a nice place. I couldn’t ask for a better place. It’s nice and clean with fresh air”; “Everyone is so nice. I am quite content with this place” and, “I love it here. The staff are so lovely and look after me so well”.

People felt in control of their care. People’s medicines were administered safely and they had their nutritional and health needs met. People could see other health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people’s care plans and staff training to ensure care met people’s individual needs. People’s care plans were written with them, were person centred and reflected how people wanted their care delivered. People’s end of life needs were planned with them. People were supported to end their life with dignity.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people’s specific needs. Staff promoted people’s rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant people’s human rights were upheld. Staff maintained safe infection control practices.

Activities were provided to keep people physically and mentally stimulated. People’s faith and cultural needs were met. The service was adapted to meet the needs of people so they could live as full a life as possible.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure aspects of the service were running well. Where issues were noted, action was taken to put this right.

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 said they felt safe and were able to talk to staff about any concerns.

People were protected from harm by staff who understood their responsibility to identify and report abuse. People's right to live free from discrimination was promoted.

There were sufficient staff to meet people's needs who were recruited safely.

Risk assessments were in place to support people to live at the service safely. People were actively involved in managing their own risk assessment.

People's medicines were administered safely. Good infection control processes were followed.

Is the service effective?

Good

The service was effective. People were looked after by staff who were trained and supported to meet their needs.

People had their right to consent to their care respected. People were assessed in line the Mental Capacity Act 2005 as required.

People's nutritional needs were met.

People's health needs were met.

Is the service caring?

Good

The service was caring. People were looked after by staff who treated them with kindness and respect. Their dignity was protected at all times.

People felt in control of their care. Staff promoted people's right to have choice and maintain their independence for as long as possible.

People were supported at times of emotional need.

People had their end of life needs assessed. People were supported to end their lives with dignity.

Is the service responsive?

Good

The service was responsive. People had care plans in place which were personalised and reflected their current needs. People were involved in planning their care.

Activities were provided to keep people physically and mentally stimulated. People's faith needs were met.

People knew who to complain to. People's concerns and complaints were acted upon and investigated. Feedback was given and a complaint was only closed once the person was happy.

Is the service well-led?

Good

The service was well-led. There were clear systems of governance and leadership in place.

People and staff were involved in giving feedback about the service.

Summary of findings

There were systems in place to measure the quality of the service and lessons learnt were put in place to make the service better for everyone.

Springfields Care Home

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 took place on the 26 and 27 November 2015 and was unannounced.

The inspection team included two inspectors, a specialist dementia nurse, a nurse specialising in the care of older people and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed previous inspection reports. We reviewed the notifications we had received from the registered manager. Notifications are specific events registered persons are legally required to tell us about. We also reviewed the Provider Information Return (PIR). A 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.

We contacted a range of professionals before the inspection to request their feedback on the service. We contacted the GP surgeries who worked closely with the staff. We also contacted an optician, mental health nurse and the supplying pharmacist.

During the inspection we spoke with 20 people and 10 relatives. We reviewed the care of nine people in detail to ensure they were receiving their care as planned. We observed how staff interacted with people.

We spoke with 14 staff and the registered manager. The regional manager attended the inspection on both days. We reviewed four staff personnel files and the training for all staff.

We reviewed the records held by the registered manager and provider to ensure the quality of the service. We reviewed a range of audits, records of the maintenance of the building and environment, and feedback provided by people and relatives.

Good

Is the service safe?

Our findings

At our last inspection in November 2014 we were concerned there were not enough staff to safely meet people's personal care needs. We found this issue had been addressed during this inspection. There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level. People told us there were enough staff. One person said: "I think they have enough staff as they can call in agency staff if needs be. Also on my unit there should be two staff but if one has to accompany a resident to a hospital appointment then staff come from another unit or agency staff". Staff told us there were enough staff for them to meet people's needs safely.

Staff were recruited safely. The registered manager ensured staff had the necessary checks in place to work with vulnerable people before new staff started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was more thorough. In this process, prospective staff's attitude and values were assessed alongside any previous experience. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role.

People felt safe living at Springfields Care Home. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's physical presentation or emotions changed that may be a sign something was wrong. Staff would pass on concerns to the registered manager or matron. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies, such as CQC, if they felt concerns were not being addressed.

Risk assessments were in place to support people to live safely at the service. People had risk assessments completed which were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. People living with dementia were supported to live as full as lives as possible in a safe way. For example, people living with dementia were supported to visit other areas of the home or help with the tea round. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training.

People's medicines were administered safely. Everyone we spoke with told us their medicines were administered on time and as they would like. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often. Staff kept a clear record to show creams were administered as prescribed.

Staff followed infection control policies. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control techniques. Staff explained the importance of infection control practices and how they applied this in their work. There were clear policies and practices in place and the registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

Good

Is the service effective?

Our findings

People felt staff were well trained and able to meet their needs. When we asked people about this they commented: "All staff are very good"; "I hope so, I think so, I trust them"; "I'm sure they are" and, "Absolutely".

Staff told us they felt trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia, catheter care and care of people being fed through the stomach wall was provided as required. Training had been reviewed for all staff to ensure they were having the training essential to their role. For example, all activity coordinators had training in meeting the needs of people living with dementia.

One staff member told us they felt the team had the training they required and senior staff gave additional on-the-job training for staff who had a particular interest in working with people living with dementia. Another staff member told us they had attended training in "resident's experience" and had then trained as a trainer. Training had been implemented at the home and 20 staff had now completed this training. They told us the purpose of the training was to help staff gain an insight into how it feels to be a resident in the service and through this experience understand better how care should be provided.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service. New staff had three days induction and then shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. A work book was completed and signed off when the person was deemed competent. A newer member of staff told us their induction had included e-learning in topics such as safeguarding, fire and manual handling training. They felt well prepared when they started work. People said new staff were brought around, introduced to them and they were always accompanied by an experienced carer to start with.

People able to consent to their care told us staff always sought their consent before commencing any support, care or treatment. We observed staff always asked for people's consent and if this was refused, staff left and came back later. One staff member said: "I would try to make clear to the person what I am going to do and why and talk through the task and reassure. If the person refuses I would go back and try again". They added they would sit with the person and have a chat if they continued to decline care. If this continued they said they would ask for assistance and report to the senior who would investigate and follow up. Another staff member said they used flash cards (pictures) to help explain to people living with dementia what was available and always gave people a choice.

Staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) when making decisions about people's care where they were unable to consent for themselves. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People's records showed people were assessed in line with the MCA. Where decisions needed to be made on behalf of people, these were detailed as being made in people's best interest. Records detailed who had been involved in the best interest decision making process. For example, a psychiatrist, GP and family in respect of giving people their medicines without their knowledge or consent. In respect of DoLS, authorisations to deprive a person of their liberty were being submitted when required.

Good

Is the service effective?

People had their nutritional and hydration needs met in a person centred way. People were provided with food and drinks when desired. People could contribute ideas to the menu. Staff went out of their way to buy special food people liked. Such as one person told us they loved Marmite and this was specially bought in for them to have on their toast in the morning. People were able to choose to eat in the dining room or in their bedrooms. All people seen in their bedrooms had a drink within reach. Comments about the food varied from "All right" to "Excellent" and "Wonderful". People said they had a choice of two main courses and multiple desserts for both lunch and tea. All confirmed that the meals were hot and of ample portions with the possibility of "seconds".

People's likes and dislike were sought from them or from getting to know people. People's special dietary needs were catered for. Whenever there was a concern about people's weight or fluid intake this was carefully tracked and action taken, to ensure people's needs were met. Referrals were made to the person's GP and other health professionals as required. Where food supplements were recommended, these were given and clearly recorded. Staff looked for creative ways to ensure people had enough to eat and drink. In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. This was really important for one person living with dementia who was noted to be losing weight and did not sit to eat main meals. Staff therefore created opportunities where the person could "eat on the go" and this person had started to put on weight.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. A GP told us staff had a good knowledge of people and their needs. Staff requested visits appropriately or telephone guidance appropriately.

People's individual needs were met by adaptation, design and decoration of the service. Each unit was decorated to a high standard with colours accepted as providing a peaceful and calm atmosphere to people living with dementia and to reduce anxiety. There were plenty of ornaments, picture and places where people could have visual and tactile stimulation by interacting with displays. Clear notices with pictures were used to support people to live as independently as possible by encouraging them to locate the toilet, put on their own clothes and find key rooms such as the lounge, dining room or bedroom. The garden area had recently undergone refurbishment so this can be used safely by more people with minimal support by staff.

Good

Is the service caring?

Our findings

People told us they were happy with the atmosphere at the home, which they found to be open and friendly. We observed the atmosphere in the service to be relaxed and staff appeared unhurried. Comments we received included: "It's a very convivial, happy atmosphere here. The staff make nice comments and involve residents in conversations. A very nice atmosphere", "A friendly atmosphere here", "The atmosphere is fine, we chat away over the meal table", "Friendly but quiet" and, "Good, everybody is friendly". A visitor described the atmosphere as being welcoming and added that the staff had shown great concern and compassion over their own recent illness and operation.

People told us they were well cared for by staff who treated them kindly, with compassion and with respect. One person told us: "It's lovely here; everyone looks after you. All the staff are lovely and look after me" and another, "I feel really special living here." Two other people told us: "The staff are extremely compassionate" and, "The carers are extremely kind, compassionate and responsive".

A relative said: "I can't fault the staff; they are lovely. I was so devastated when my wife came to live here. The staff recognised this and I am looked after as well. I am always welcomed; genuinely in a friendly way that is very kind." Another relative told us they had been so pleased with how staff looked after their wife they had nominated the whole staff team from that unit for a special award given by Four Seasons for acts of special care by their staff. The staff had won this award and we observed this being discussed between staff and the relative. Mutual respect, humour and ongoing positive comments were exchanged.

Professionals with knowledge of the service commented on the caring nature of staff. A GP told us people always appeared well cared for and staff were always appropriate and caring towards people. Another healthcare profession said staff were very helpful with a positive attitude toward people. They had no cause for concern for people nor their care.

People told us and we observed staff supported people to remain as independent as possible for as long as they were able. For example, one person was encouraged to wash their face and chose their clothes to wear while staff completed all other personal care tasks which they were no longer able to do for themselves. Another person's condition had advanced so far that they were now cared for in bed for all but two days of the week. They told us they had been actively involved in which two days they were out of bed. They had been provided with the necessary equipment to activate their TV and call the staff if needed. They felt this was really important as it allowed them as much independence as they could.

Everyone we spoke with said the staff always ensured their dignity was protected with people making reference to staff closing doors and curtains at times of personal care. Staff were also seen and heard to knock on doors before entering rooms. We observed staff supported people to maintain their continence throughout the time we were at the service. Staff were seen to approach people discreetly. Staff also supported people to change their clothes when needed, for example following a spillage to ensure people looked clean and smart at all times.

People's end of life was planned with them. People were cared for by staff trained to support people and their families at this time. Pain relief was available to be used as required. Records detailed how people would like their end of life needs to be met. Comments in thank you cards to the service showed how grateful several families were for how the staff supported the person and family at that time. For example, "Thank you for all your care and attention and TLC given to my friend during her stay; I know she was very happy and contented. From what I saw in her last days she was given the best of care." A family member also wrote on the passing of their relative: "Thank you for all your kind words and the way you dealt with us. Thank you for your sensitivity, thoughts, advice and help". The registered manager advised they felt it was important that people had someone with them in their last days so staff were always available to sit with people if family were not available. Also, staff always attended people's funerals as they felt this was important.

Good

Is the service responsive?

Our findings

At our last inspection in November 2014 we were concerned that proper steps were not in place to ensure each person had their care planned and delivered in a way to meet their individual needs. People were not protected from unsafe and inappropriate care or treatment arising from the lack of accurate records. An effective complaints system was not in place to ensure any complaint was fully investigated and resolved to the satisfaction of the person or person acting on their behalf. We found these issues had been met during this inspection.

People had care plans in place which were person-centred, this meant their individual needs were planned for and met. Records clearly detailed people's preferences, likes and dislikes and how they would like their care delivered. They also recorded the ways staff could look after people who may be unable to communicate easily with staff. For example, one person's records detailed how to deal with their emotional needs which may be displayed as emotional outbursts due to frustration with communicating. Staff were observed responding to this person in line with their care plan. Staff worked together to calm the person and distract them to move to another part of the unit. The person was then seen to be calm and become involved in tasks elsewhere.

We saw evidence of care adapted to meet people's changing needs and this was consistently recorded. It was evident there was good involvement from other health professionals with a quick response when this was required. This was especially the case for mental health professionals. People were supported by independent advocates to make decisions about their care if this was needed. For example, one person's needs was noted as having changed and they appeared to be having short term memory issues. They were referred to the memory clinic who advised they were not living with dementia but were "negative and down". Advice was given to involve the person with activities and support them to remain mentally active. This was planned for with regular reviews.

One staff member told us people were involved in writing their care plan as much as possible but often this was difficult. Family involvement was encouraged and care plans would be shared with families and any concerns they expressed would be discussed and changes made as appropriate. We saw the initial assessment and new care planning process now involved people and families. Two relatives of different people confirmed how important being involved was to them. Both had looked after their relative before they came to stay at Springfields and felt their role was respected and their views fully considered.

Staff told us they found the new care plans much easier to follow and they read them often. Staff also told us this was backed up with a detailed hand over. If staff were on holiday or a day off they received a detailed verbal update. Staff commented this helped to ensure people received continuity of care.

People were supported to remain physically and cognitively stimulated. The service employed activity co-ordinators but staff were generally encouraged to interact and support people. A baseline programme was developed but this was flexible and would be changed according to people's preferences on the day; this programme would always include an exercise session. One staff member they told us they tried to individualise activities based on the information in "my choices", life histories, and by talking with families. Once interests had been established, appropriate activities would be considered depending upon the person's likes and dislikes. Staff followed up people's particular interests with one to one work. People who did not attend groups were offered one to one sessions with staff.

People were encouraged to be involved in household tasks each morning such as laying tables and helping with the laundry. This had started because one person had said they missed doing housework and so the opportunity was provided and other people also expressed an interest. People enjoyed having pets around the home. There was a visitor who brought in guinea pigs and reptiles and it was possible to take the guinea pigs to people who were not able to come downstairs but enjoyed handling them. Dogs and donkeys also visited and families were invited to bring in pets. The service had a resident rabbit who was used to support people.

People were supported to access local amenities. Staff members escorted people to nearby shops when required. The service had the use of a minibus. Although there were no trips planned during the inspection, the manager said this would be provided when the weather improved.

Good

Is the service responsive?

People had their religious and cultural needs identified and met. Local religious leaders attended the service regularly and arrangements were made for people with specific requirements to see someone of their chosen faith.

The service had clear systems of dealing with people's formal complaints. We reviewed the complaints received since the last inspection and saw these were always addressed fully. We also saw that action was taken to see what lessons could be learnt to improve the outcome for everyone. For example, one serious complaint about a person's care resulted in meeting with all the staff involved. Measures taken included staff training and competency assessments. All staff received extra supervision until the issue had been resolved. Complaints were only closed when it was agreed that the immediate issues had been addressed. The registered manager kept a record of people's general concerns but was not currently looking to see if there was any pattern to these. They stated they would look at putting this in place.

Most people said they would direct any complaints to the unit lead or the registered manager. Two people said they had made complaints and in each case were satisfied with the outcome. Others commented that they had nothing to complain about. One person told us: "There is nothing here that I can complain about, can't fault anything. I would recommend it to everyone else. I love it here. It's a lovely place with lovely food. Everyone is so nice. I am quite content with this place".

Good

Is the service well-led?

Our findings

Springfields Care Home is owned and run by Four Seasons (DFK) Ltd. Four Seasons own several care facilities across England. There is a nominated individual (NI) in place who takes responsibility at the provider level. The regional manager attended the inspection on both days. They had management responsibility for the service and the registered manager. There was a registered manager employed to run the service locally. They were supported by a team of senior staff including a deputy manager, four unit leads, administrator, housekeeper and head of kitchen., There was a clear structure of leadership and governance in place from the provider and locally. All staff had clear roles and responsibilities. All staff had worked to address the concerns from the previous inspection and worked hard to develop an open and inclusive culture where people's care was given high regard.

People identified the registered manager by name and said they saw her frequently. They told us they found her to be very approachable. Comments we received included: "She's brilliant", "A nice lady, very good and helpful". "She's lovely" and, "Bully for her, she does a good job".

People and their relatives confirmed they were involved in commenting on the service. The provider had introduced an electronic system where concerns could be raised. This was placed in the entrance. Two people recalled being invited to complete a questionnaire. Others mentioned the regular meeting the home held for residents and relatives, which they found to be a useful occasion. One person said, "The longer I stay the more improvements I see, such as a greater variety in the food. Before each meeting I compile a list of agenda points based on my own views and those of some of the people I live with here and give it to the manager". People felt their suggestions, no matter how small, would be seen as important and looked at seriously.

There were clear systems of auditing in place to ensure the quality of the service. Four Seasons had reviewed its quality auditing process since our last visit. This meant there was a more structured and clear process of auditing. The regional manager visited the service regularly and completed audits on behalf of the provider. Any issues were highlighted immediately and action taken to address these. The registered manager had clear systems of daily, weekly and monthly audits to complete. From a "daily walk round audit" to monthly audits of different aspects of the service such as medicines, infection control and care plans these were all completed as planned. Again, where issues were identified these were acted on immediately. Different staff had been given the responsibility of auditing different aspects of the service but the registered manager maintained responsible and oversaw that these were being completed. For example, audits of maintenance of the building were completed by other staff but in discussion with the registered manager.

Staff told us they felt an important part of Springfields Care Home and Four Seasons the company. New initiatives had been brought in since our last visit to communicate with staff. For example, a newsletter and awarding staff for good practice. This was welcomed by staff. Staff felt confident they could raise new ways of working which would be taken seriously. For example, one staff member suggested people's records kept in their room be placed in people's drawers for privacy and to stop them going missing. Another staff member had suggested they have a tick list to identify people who had their meal and who had not. Both these ideas were put into place.

Family members also told us they had seen a big difference in how the home was now being managed. They felt this had meant the care of their loved ones had improved as well. For example, one relative told us: "The registered manager has done a lot to turn it round. We are more relaxed now that my wife is being well looked after. I had a presentation cup made for the staff to show them how much I appreciate them."

Staff said they were aware of their role and were supported to carry out their own responsibilities better now than before. Staff also said how much they appreciated the support and the role the registered manager took in the home. Staff also said they felt more comfortable speaking to the regional manager and other senior staff in Four Seasons. On staff member said: "I enjoy coming to work and can always go to the manager; it feels like a family". They said they felt well supported by colleagues and senior care staff. Another said: "There are good relationships between staff and a good team spirit" adding, they felt supported and if they had any worries they would go to the registered manager. All staff felt there was a good working relationship with the registered manager and they "listened to each other".

The registered manager had systems in place to ensure the building and equipment were maintained. CQC had

Good

Is the service well-led?

received all notifications from the registered manager as required by law. The registered manager confirmed they understood the responsibilities under the Duty of Candour. That is, the duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.