

Heathcotes Care Limited

Dawson House

Inspection report

151 Stanley Park Road
Carshalton
Surrey
SM5 3JJ

Tel: 02083955724
Website: www.heathcotes.net

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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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Dawson House is a 'care home' that provides care and support for up to 7 people. All the people who live at Dawson House have a learning disability or autistic spectrum disorder. There were 7 people living at the home during the inspection. The service had 7 ensuite bedrooms on the ground and 1st floor. The 1st floor rooms were accessible by stairs. There was a modern kitchen diner, 2 communal lounges and a well-maintained garden.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People received a service that was safe for them to live and staff to work in. Regular reviews took place of the quality of the service, and improvements made to ensure people's care and support needs were met. This was in a manner that was best suited to them. There were well-established working partnerships that promoted people's participation and reduced their danger of social isolation.

Right Care

The provider appropriately recruited, and trained staff in sufficient numbers to support people to live safely, whilst enjoying their lives. Risks to people and staff were identified, assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff safely administered people's medicines.

Right culture

The provider had a culture that was positive, open, and honest with a leadership and management that was clearly identifiable and transparent. Staff were aware of and followed the provider's vision and values which were clearly defined. Staff knew their responsibilities, accountability and were happy to take responsibility and report any concerns that might arise.

Rating at last inspection

The last rating for this service was Good (published 12 January 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service for people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dawson House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dawson House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Dawson House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and inspection activity started on 14 August 2023 and ended on 6 September 2023. The inspection visits took place on 15 and 16 August 2023 and was unannounced on the first day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Some people had limited use of words to communicate verbally and did not comment on the service. We spoke in person with the registered manager, 2 people using the service, 4 relatives, 7 staff, and 4 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, safeguarding, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Some people had limited use of words to communicate verbally and did not comment on whether the service was safe. People's body language during our visit was relaxed and positive indicating that they felt safe. A person said, "I really like living here." Another person commented, "I like staying at home." A relative told us, "It's such a relief that [Person using the service] lives in a very safe place." A staff member told us, "This is a very safe place for everyone."
- Staff received training in how to identify possible signs of abuse and the appropriate action to take, as required. They were aware of how to raise a safeguarding alert. Staff told us that the provider's safeguarding procedure was available to them, and they had read it.
- Staff were very knowledgeable about what gestures, and sounds meant regarding people who could not use words to communicate. This included different pitches indicating their moods and if they were happy or not and things they wished to do. People had individual areas of concern regarding them, recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff supported people to take acceptable risks by following people's individual risk assessments. Risk assessments covered all aspects of people's health, daily living, and social activities. Staff kept people safe by regularly reviewing and updating people's risk assessments as needs, interests, and pursuits changed.
- The staff team were aware of people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. A staff member told us, "Keeping people safe is high up on our agenda, along with making sure people enjoy themselves and are given choices."
- General risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff received training in de-escalation techniques and dealt appropriately with situations where people displayed behaviour that communicated distress. We observed staff appropriately dealing with situations patiently and helping people to calm down when they were anxious.

Staffing and recruitment

- There was a thorough staff recruitment process, and records demonstrated it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills, knowledge of learning disabilities and why they wished to work in this field. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in

post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with reviews.

- There were sufficient staff employed to meet people's care and support needs, flexibly, safely, and staffing levels matched the rota, during our visit. A relative said, "The staff are so kind and helpful. They always know what to do for [Person using the service]." A staff member commented, "We have plenty of staff here and are never short staffed."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicines records were fully completed, and up to date. Staff received medicines administration training that was regularly refreshed.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if required.
- Regular COVID-19 updates were provided for relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- Staff told us they would be comfortable using the provider whistle-blowing procedure.
- Safeguarding concerns, complaints, accidents, incidents, and whistleblowing were reviewed and analysed to ensure any emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

Is the service effective?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider received new referrals from local authorities and the registered manager said, when a new enquiry was received, an appointment was made to visit people and their relatives at home for an assessment. The assessment was carried out at a pace that suited the person and their needs. They were also invited to visit the home prior to a decision being made if they wished to move in. Visits were also used to determine how well they would fit in with people already living at Dawson House.
- People had their physical, mental, and social needs comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards, and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies, to achieve effective outcomes. The provider provided easy to understand written information for people and their families.

Staff support: induction, training, skills, and experience

- Staff were well supported, skilled, experienced, and trained.
- Staff training was consistently carried out in line with the provider's training and induction policy.
- People were supported and had their needs met by staff who had received good quality induction and mandatory training. Staff said the quality of the training was good, and the training enabled them to perform tasks they were required to do, and make a difference to people. A member of staff told us, "The training has been so useful." Relatives told us the staff were professional, competent, and they liked the way staff performed their duties. A person said, "I have been here a long time and [staff] are really good." A relative commented, "They [staff] are so supportive of [Person using the service] and nothing is too much trouble."
- Staff were aware of the importance of clear communication, and this was impressed upon them during induction training. It was also revisited during further training, staff meetings and supervision.
- If someone new was moving in, staff were given information about their routines, preferences, and where they had previously lived, to enhance their knowledge base and appropriately meet people's needs.
- The induction training was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating. Staff mandatory training included autism, learning disabilities, dementia awareness, communication, moving and handling, first aid, food hygiene, health and safety and falls awareness. There was also specialised training focussed on people's individual needs with guidance and plans. They included Buccal Midazolam which is which is used

to treat several different conditions, including seizures and Dysphagia which is the medical term for swallowing difficulties.

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

- Where people required it, staff supported them to eat, drink, and maintain a balanced diet. If needed they were assisted with oral feeding, and staff monitored food and fluid intake.
- People's care plans contained health, nutrition, and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to make sure people drank enough to be hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals, as required.
- If people required dietary support, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff also made sure people chose and still ate meals they enjoyed.

Adapting service, design, decoration to meet people's needs

- The accommodation provided was spacious with everyone having their own ensuite bedroom which they had decorated in the way they wanted. The home was clean and well decorated throughout with plenty of communal areas for people to relax and join in activities. There was also a large, well-kept garden.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep healthy by the registered manager and staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- The provider supported people to access other organisations, particularly in the local community to prevent social isolation. This improved people's quality of life and promoted their social inclusion.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP, when required.
- Staff reported any health care concerns to the registered manager who alerted appropriate health care professionals and commissioning bodies.
- People's health and medical conditions and any changes were recorded in their care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated, with respect, equally, and their diversity recognised including faith, sexuality, and age.
- People and their relatives told us staff were supportive, caring, and people liked and were relaxed in their company. A person told us, "I love it, we [People using the service and staff] are all friends." A staff member said, "You get attached to people and they become your second family. Everyone is passionate about the people we care for and are committed."
- People's positive, relaxed body language and affectionate response to staff showed that they felt staff were caring, they enjoyed staff's company and were relaxed in it. People also looked very comfortable with each other, were smiling and laughed a lot, during our visit. A relative told us, "The staff are absolutely brilliant." Another relative said, "We couldn't ask for better staff, always putting [Person using the service] first."
- Staff received equality and diversity training which enabled them to treat people equally and fairly whilst recognising and respecting their differences. People and their relatives told us staff treated people using the service as adults, did not talk down to them and they were treated respectfully and equally.

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

- People and their relatives said they were involved in the decision-making process about the care and support they received, and this was recorded in their care plans.
- People were supported to express their views through staff understanding what gestures and non-verbal methods of communication meant. This knowledge was built up by people using the service and staff forming relationships, bonds, and staff's knowledge and experience of people.
- It was demonstrated that these methods worked by people doing various activities they had chosen. One person was an avid football fan and had received a signed football from the team they followed. They were enabled to play football with other people in the back garden and attend football matches. During our visit they were having a great time watching the England women's world cup team and supported them with great vocal enthusiasm.
- People's relatives were frequently contacted to determine if they were happy with the care and support people received.

Respecting and promoting people's privacy, dignity, and independence

- A relative told us that staff's knowledge of people meant they were able to understand what words and gestures meant if the person using the service had difficulty communicating. This enabled staff to support

people appropriately and without compromising their dignity. When people were showing distress or frustration, staff calmed situations by providing alternative activities. They were also fully aware this was someone's home, and they must act accordingly and in a respectful manner. A relative told us, "They know [Person using the service], their likes, and routines so well."

- Staff were trained to respect people's rights and treat them with dignity and respect. Relatives told us they thought people were respected and they said staff treated people with kindness, and dignity.

- The provider had a confidentiality policy and procedure that staff understood and followed.

Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care from staff that enabled them to have choice, control, and their needs and preferences were met. People's relatives said that they were frequently contacted to update them regarding if the support provided was working and meeting people's needs.
- The provider carried out a need's assessment with people and their relatives, as appropriate to identify what their needs were and how they would like them met. This included what they wished to achieve from the service and desired outcomes. Person-centred care and support plans were agreed, based on the initial assessment. One person said, "I choose what I do, when, and who with." A relative said, "We were involved, by the home and staff, in the assessment and able to have our say."
- People were supported by their keyworkers and other staff, to make decisions and choices about their care and the way it was delivered. Staff made themselves available to discuss any wishes or concerns people and their relatives might have. Staff made sure people understood what they were telling them, the choices they had and that they understood people's responses.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs were reviewed, monitored, and any concerns highlighted.
- People's care and support needs were reviewed with them and their relatives as and when required with a minimum of 4 weekly. Their care plans were updated to meet their changing needs with new objectives set. Staff supported people to take ownership of their care plans and they contributed to them as much or as little as they wished. They were available in pictorial form to make it easier for people to understand.

Meeting people's communication needs

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

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- People's communication needs were met by the provider giving staff information about people's communication preferences, within their care plans and guidance on how best to communicate with them.
- Relatives said staff communicated clearly with people which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.
- Everyone had photo books recording their activities.

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

- People were supported to develop and maintain relationships to avoid social isolation.

- There were activities that were individualised to people and as a group. During our visit there were several activities taking place with people enjoying playing tennis, going out for a drive, visiting the park, or just interacting with staff and each other. One person also did some gardening in the back garden, and others visited community based social centres where they caught up with friends, took part in sports ability sessions, went out for lunch, dance aerobics, and attended arts and crafts sessions. One person told us, "I'm going out for a walk and later we're having spaghetti, it's my favourite." Another person said, "I like going to the cinema and playing pool in a club." A relative said, "When I visit, I can see staff helping [People using the service] to do the activities they want and there are lots of them."
- People took part in activities within the local community such as the Sutton Community Project which distributed food boxes to people who needed them. The Savvy Theatre Company put on productions, and celebrated 'World Autism Week' by putting on Karaoke with an Abba theme. People were encouraged to develop their life skills by staff supporting them to keep their rooms tidy, do their laundry and prepare food. One person was starting college in September.
- People were encouraged to stay connected with relatives, and relatives encouraged to visit. A relative said, "They [staff] always keep us up to date with what is going on and what [Person using the service] has been up to." People also went on holiday to Centre Parcs which was their destination of choice.
- The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording, and investigating complaints, which was followed.
- Relatives said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The home's culture was positive, open, inclusive, empowering, and person-centred meaning people experienced good outcomes.
- Some people had limited use of words to communicate verbally and did not comment on the service leadership. The relaxed, positive body language towards the registered manager and staff showed that the service was well-led and met people's social as well as health needs. We saw many instances of positive interaction between people using the service and staff with a lot of smiling and laughing. One person told us, "I like [registered manager] she is like my sister." A relative said, "I have known the [registered] manager for a long time and she is always lovely, kind and keeps us up to date." A staff member told us, "We have a real [registered] manager who motivates, is supportive and lets you learn."
- Relatives said they found the registered manager to be approachable and the home well-run. People were able to enjoy their lives, by staff making an effort to meet their needs in a positive, supportive, and encouraging way. This reflected the organisation's vision and values. A relative said, "Absolutely brilliant place with a lovely, light atmosphere and people enjoying themselves." A staff member told us, "We have great interactions not only with people here, but also those in other homes. It is 1 big family."

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

- The provider knew their responsibilities regarding duty of candour and was open and honest with people. People and their relatives were told if things went wrong with their care and support and provided with an apology.

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

- The registered manager and staff were aware of and clear about their roles, understood the quality assurance (QA) systems and clear lines of communication and boundaries were in place.
- Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive comments from relatives.
- The QA systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. A relative said, "They [staff] fully understand what they need to do and when they need to do it to keep

[Person using the service] happy."

- The audits were thorough, carried out by the provider, registered manager, and staff and were regularly reviewed and kept up to date. The internal audits checked that specific records and tasks were completed. These included staff files, training, and interaction observations, the environment, health and safety and there was also a service development plan. This meant that people received an efficient service that was focussed on them.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. The registered manager also carried out incident reviews. Our records told us that appropriate, timely notifications were made to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, staff and the public were engaged by partnership working, listened to and people's wishes acted upon.
- The home had close links with services, such as local authority learning disability teams, commissioners, and speech and language therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure local resources such as community-based activity services were made accessible to people, as mentioned under the responsive section.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures that facilitated how to achieve continuous improvement and work in co-operation with other service providers.
- Staff told us they were always encouraged to discuss what they could do better and that is why this was such a good place for people to live and them to work in. A staff member said, "I always look forward to coming to work."
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- The home and provider received regular feedback from people and their relatives that identified if the care and support given was focussed on their needs and wishes. Feedback from people who could not use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- People, their relatives or advocates and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "They always ask what I think." A staff member said, "We are all 1 team here, from the [registered] manager down and I include our clients [People using the service] in that."
- During our visit, the registered manager and staff frequently checked that people were happy and receiving the care and support they needed. This was provided within a warm family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, and 6 weekly supervision sessions. Staff meetings took place where they could have their say and contribute to service improvements.

- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.