Caretech Community Services (No.2) Limited

Kingston House

Inspection report

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Kingston
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Kingston House is a converted residential care home providing accommodation and personal care to eight people with a learning disability and those living with dementia. The service is in the village of Kingston, near Canterbury, Kent. The service can support up to nine people.

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

The service was exceptionally caring. The registered manager and their staff team were passionate and committed in placing people at the heart of the service. In-depth involvement with people and a well-planned approach to engagement and education had helped develop people's independence, knowledge, confidence and understanding. People's needs and wishes were met by highly compassionate staff who knew them well and were dedicated to promoting a caring, homely and nurturing environment. Staff continually maintained people's dignity and privacy and treated them with utmost respect. We saw there was a very positive atmosphere and engaging interactions during our visit. People were fully respected and valued as individuals; and empowered as partners in their care. Typical comments around the care were, "The care delivered is extremely good, they really understand the needs of the people living there" and "The care the staff provide is excellent, [person's] life has improved significantly".

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received personalised care and support specific to their needs and preferences. This had been effective in supporting people to achieve goals and encouraged them to learn and grow as individuals.

People told us they were happy with the care and support they received at Kingston House. Comments from people, their relatives and professionals were positive. A health professional told us, "The home is pleasant,

personalised and due to mixed personalities activities are tailored to individual needs and requests. I am able to turn up at the service without prior notice, I always find this a sign of a good service".

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to. The environment had plenty of communal space for people to enjoy. People enjoyed the activities that were provided, staff told us there were many opportunities for people to go out and live fuller lives.

People were fully involved in the service and had opportunities to give feedback. Feedback about the registered manager was very positive and staff felt very well supported. Staff were well motivated and very proud of the service, and morale was very high.

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

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

The last rating for this service was Good (published 28 June 2017). At this inspection the service has remained rated as Good.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Outstanding ☆

The service was very 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.

Kingston 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:
The inspection was carried out by one inspector.

Service and service type:
Kingston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
Some people using the service were unable to speak with us, so 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. We spoke with one person at the service, two relatives over the telephone about their experience of the care provided to their loved ones, and we also contacted three care professionals who had regular input with the service. We spoke with the registered manager, two senior care staff and two further care staff.

We reviewed a range of records. This included four people's care records and staff files in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures.

Good

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• We saw people were comfortable to approach staff and were relaxed in their company. Relatives also told us that they felt people were safe. One relative told us, "[My relative] is perfectly safe, the staff are wonderful with him".
• Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
• Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Assessing risk, safety monitoring and management
• People had their individual risks assessed, such as accessing the community and medication. Staff were aware of individual risks and we saw them working safely.
• People received the appropriate support in relation safety and the registered manager gave clear guidance for staff and checked on their performance.
• There were systems in place to manage fire safety. Staff had a good understanding of what they needed to do in the event of an emergency.

Using medicines safely
• Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
• Medicine risk assessments were completed to assess the level of support people required.
• Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Preventing and controlling infection
• People were protected by the prevention of infection control. The service was clean and staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Staffing and recruitment
• Our observations showed there were enough staff to meet people's needs. Relatives agreed there were enough staff. One relative said, "There's always staff around when I visit, it's not an issue that's come up".
• Staff said there were enough staff and this meant that they were able to spend time with people doing one to one activities and taking people out. A member of staff said, "There's definitely enough staff, we work well

together".
• On the day of inspection, we saw that people received support in a timely manner and staff were able to spend time with people.
• Robust recruitment processes were followed. This helped to ensure that staff employed were suitable to work in a care setting.

Learning lessons when things go wrong
• Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
• Systems were in place to record specific details and any follow up action. This information helped staff to prevent a re-occurrence.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences, and were delivered in line with legislation and best practice guidance.
• Documentation confirmed people and relatives were involved in the formation of an initial care plan and that any protected characteristics or specific decisions were discussed. This enabled staff to have the correct information, to ensure they could meet people's needs.
• Staff were kept informed of what was expected of them and this was checked at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience
• People's relatives told us they felt staff were trained for their role. One relative told us, "They have a good understanding of those living at the home, I know they have regular training".
• Staff had received training and they told us they felt equipped to carry out their role. A member of staff said, "I learned a lot of at my induction, the shadowing was very helpful".
• Staff said they felt supported and had one to one supervision meetings. Staff told us that they completed an induction and shadow shifts before starting work on their own.

Supporting people to eat and drink enough to maintain a balanced diet
• People enjoyed a varied and balanced diet. We saw that some people had assisted to plan their meals. We observed people eating lunch and enjoying their food. Dietary needs were known by staff and this included any allergies and preferences and specialist diets, such as pureed.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked with the local authority to help ensure people received safe and effective care. There was good communication between staff and professionals to help ensure people's needs were being met consistently.

Supporting people to live healthier lives, access healthcare services and support
• People had regular access to health and social care professionals. We saw that when needed referrals were made to specialist healthcare teams, such as GP's, social workers and dentists.

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

• The building had been designed in a way that allowed people to move around freely. There were internal and external communal areas for people to use. Bedrooms were personalised, and bathrooms and toilets had been adapted for people.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately. The team acted in the best interests of people and respected their choices and understood the role of relatives with power of attorney.
• We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
• DoLS applications had been made and people were being supported in the least restrictive way.

Outstanding ☆

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care
• Since our last inspection the staff and registered manager had continued to significantly improve the person-centred care delivery and compassionate approach within the service. People were always at the centre of how the care was planned and delivered. The promotion of choice, communication, understanding and involvement was implemented in a way that significantly improved people's outcomes of care. Staff continually supported people to be as independent as possible and to be involved in decisions about their care. Most people had issues with communication, and staff explained how they used photographs, pictures, body language and symbols to support people to communicate their needs. For example, one person had recently been diagnosed with serious and ongoing health condition. This news had impacted greatly on the person's wellbeing and quality of life. The person had a limited understanding of the condition and had stated, "I just want to know". Staff recognised through understanding and education about the condition, this person could achieve control and involvement in the care they needed. Staff tactfully consoled the person and through understanding the best methods to communicate with them sourced booklets, photos and information about the condition. This involvement meaningfully engaged the person significantly increased their understanding of their condition and had encouraged them to learn more about it. Through compassionate, practical and tailored support from staff, the person was able to be informed and involved when they attended health meetings. The registered manager told us, "We explained what was going to happen, so he is informed at meetings and can have an input. He now asks the right questions when faced with the consultants, he has an increased understanding of the condition, he makes his own decisions around the care and the medicines he wants". This was echoed by a health professional, who told us, "One of my clients has been recently diagnosed with [condition]. [Registered manager] has been at great support to him, involving, planning and enabling him to make his own choices as to his care needs and treatment options".
• We were given a further example of how another person was living with a chronic condition. Staff received a phone call from their consultant stating their procedure would be different to the one that was explained at their last appointment. Staff insisted the person be involved in the phone call to aid their understanding and to be able to make a decision. The person was in their bedroom and staff put the telephone on loud speaker, so the consultant could explain the new procedure. They agreed to the new procedure and to ensure they fully understood, staff printed off the procedure from the internet, discussed it fully and showed them a video of the procedure taking place. When it came time for the procedure this person was calm and knew exactly what was going to happen.
• The registered manager told us how it remained vitally important that staff had the skills to effectively communicate with people in a patient and caring manner. This remained a deciding factor when recruiting

new staff. A major part of the process when interviewing new staff continued to be their interaction with people. The registered manager explained how they looked for staff to have natural communication skills essential in supporting the people at the service. All potential staff were introduced to people and observations were made as to how they initiated contact, and how they responded to people's reactions. This consistent approach to staff selection and matching with people had ensured that despite people's conditions, they continued to be empowered, involved, recognised as individuals and treated as partners in their care. For example, the manager had employed a member of staff for whom English was not their first language. The employed this specific staff member as they were able to communicate extremely effectively with people, as they were not reliant on purely verbal interaction. This example was used to train and remind staff that people using the service also watch movements, facial expressions and gestures in order to gain another level of communication.

• People had complex physical and communication needs which meant they required ongoing support to be fully engaged. Staff interacted with each person in a unique way, such as using physical contact, eye contact, or mirroring a person's smile to ensure they were involved in what was happening around them. Staff communicated with people in a kind, attentive and compassionate manner and understood and responded to their moods and body language.

• People and their relatives had been involved in recording their life history. These were very detailed with the use of pictures and included where people used to live, what they liked to do and people who were important to them. Furthermore, people's lives continued to be recorded on DVD's and journals when they first moved to the service, and photographs of people were displayed at the service which showed what activities people engaged in each year since people had lived there. This had enabled people to have a visual and digital aid to jog their memory and remember themselves when they experienced memory loss related to dementia. For example, staff assisted one person to create a journal that showed pictures of their family when they were younger and how they looked now. Since doing this, the person had shown recognition straight away of their family, whereas previously there had been family visits where the person could not recognise their family members. People took great comfort in watching themselves on DVD and looking at pictures of events that had been an important part of their lives. This process also assisted staff to have an insight into people's character, interests and abilities, before their health deteriorated and helped them to support people to make decisions in their best interests, on a day to day basis.

• Empowerment was a major aspect of the ethos of care provided to people. The registered manager continued to be part of the company's empowerment strategy. They attended conferences and discussed ideas about how to empower people. Staff agreed that people who used the service could not be empowered unless staff themselves had a shared understanding of what empowerment meant. This topic remained a high priority in all staff meetings and training and enabled staff to truly understand and empathise with the people they supported. All staff also completed 'Person Centre Thinking' training as part of their training programme.

• We saw how one person had benefited greatly from the empowerment strategy and training implemented at the service. One person had a history of isolating themselves. The registered manager told us how this person had required a completely different type of approach and support to meet their needs and empower them. Immediately on arrival, staff started work on empowering the person to regain control over their life. They made a support plan that allowed this person to do things in the way and at the speed they wanted. Staff did not encourage the person to leave their room and engage with others, however, they varied the staff who supported this person to determine who he interacted best with and then matched these staff with the person consistently to build trust. Over a short period of time the person began to venture out of their bedroom and engage with others of their own free will. We saw how this person now attends all their reviews and has achieved the goals set for them. Feedback from a professional involved stated, "I'm so pleased [person's] move has been so positive for him and he is learning to trust your team and even a little engagement in those he lives with is a huge milestone".

• Care plans included a record of people's involvement and were in an easy read format to help encourage

involvement. Where people did not have the capacity to make their own decisions and no relatives to represent them, staff had involved independent mental capacity advocates (IMCA). A health professional told us, "The home manager and staff have an excellent understanding of MCA and have fully ensured this was implemented with the gentleman I was working with".

Ensuring people are well treated and supported; respecting equality and diversity
• Since the previous inspection, the registered manager had received a nomination for a national award for their compassionate and caring leadership style. The nomination for this award gave the staff team a sense of achievement and had added to their sense of pride in their workplace along with providing a further boost of morale and motivation. The registered manager ensured that feedback to all staff and people using the service was that it was not just him that was recognised, it was down to the input and dedication of everybody involved, and this practice was to be celebrated and continued. A health professional told us, "[Registered manager] has completed and continues to complete everything that has been asked of him as a manager". Another health professional said, "I feel that [registered manager] manages this service very well. He has been at this service for a long time and most of the support staff are also well-established, however I do not feel this has made them complacent. There is always a sense of calm at this placement". The service continued to reflect on staff practice and always looked at ways to improve the caring aspect of the service. Staff were encouraged to do this, and regular daily discussion took place on how to provide the best care possible.
• People continued to be supported by staff who were highly motivated to offer care that was kind and compassionate. Feedback from professionals, relatives and the services quality assurance processes was that people were treated with the upmost compassion, care and kindness.
• Staff prioritised developing positive relationships with people and people valued these relationships. The core staff team was stable, had supported people for many years and knew people extremely well. When speaking about people, staff described people's characteristics and were totally knowledgeable of how to make them happy. Staff engaged with people frequently and spent time with them. Everybody we spoke with rated the service as 'above and beyond' with regards to staff's caring attitude and communication skills. The atmosphere in the service was light and cheerful and people had developed positive relationships with staff who knew them well and who were inspired to develop a service that was compassionate. A health professional told us, "The staff group really seem to care for the residents and know their needs. [Registered manager] and his team take an individual approach meet peoples' needs". A relative added, "All the staff I met were very nice, chatty, and engaging with clients".
• People were encouraged and supported to develop and maintain relationships with people that mattered to them. Family members were welcome and special events, such as birthdays were celebrated. Each year more than 100 people and staff from the company were invited to a summer BBQ and this event had proved hugely popular with the local community and other care services.

Respecting and promoting people's privacy, dignity and independence
• Treating people respectfully was central to the philosophy of the service and staff understood how to put this into practice. Staff supported people and encouraged them to be as independent as possible. The registered manager told us, "We encourage people to maintain what they have for as long as we can. We would never say no to somebody just because they couldn't weight bear we encourage people to stand. With physio involvement we've had some great success".

Good

Is the service responsive?

Our findings

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

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

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
• Staff and relatives told us the service responded well to their care and recreational needs, and our own observations supported this. A relative told us, "They take them out into town and there is always some activity going on".
• Everyone had access to activities planned for each day. Staff told us that people were enjoying activities within the service and in the local community and this was making their lives better. One member of staff said, "We know what they don't want to do, so we encourage as much as we can for people to get involved. Sometimes it takes a while, but then all of a sudden, they are interested".
• We saw a varied range of activities on offer which included, music, singing, trips to the local community and visits from outside entertainers.
• We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's preferences around what they enjoyed doing during the day and their clothes and personal grooming.
• Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "We've been fully involved with [my relative's] care from the beginning, we're very happy".
• Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

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

• People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

• We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that where required people's communication needs were assessed and met.

Improving care quality in response to complaints or concerns
• The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.
• Systems and processes we saw showed that complaints would be responded to appropriately.

End of life care and support
• Documentation showed that peoples' wishes, about their end of life care, would be respected. Specific training and support was given to staff in order to care for people at the end of their life.

Good

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

• The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, infection control and accidents and incidents. The results of which were analysed to determine trends and introduce preventative measures.

• The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

• Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

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

• We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "[Registered manager] is really helpful and always on hand to listen to anything we want to talk about. [My relative] moved into the home very quickly and they planned and organised that really well. It's so much better than his last home".

• Relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care.

• Our own observations supported this, and a care professional told us, "Both my clients are really happy there and have thrived, their support needs have been completely reviewed, all health needs have been revisited, social needs and community presence for both has improved [Registered manager's] communication is brilliant, he emails me constantly to update me on health needs and ask questions if he is unsure". The registered manager added, "We're proud of maintaining the levels of care that we do. This is a home that supports people for the rest of their lives. We let them know they have a home they can stay at. We are caring and take pride in what we do, we have standards and we achieve a lot".

• There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.

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

• People and staff were actively involved in developing the service. For example, staff had involved people in new food choices and activities.
• There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Meetings, events and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
• Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Continuous learning and improving care
• The service had a strong emphasis on team work and communication sharing. Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "I love working here, we are a good team. [Registered manager] is very good, he is a very supportive leader".
• Up to date sector specific information was made available for staff including details of specific conditions, such as dementia and dignity, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others
• The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery. There were further links with local churches and social organisations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.