Community Homes of Intensive Care and Education Limited

Beech Tree House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 18 and 19 September 2017. The home provides residential care for up to eight adults with learning disabilities and /or autism. At the time of the inspection there were eight people living in the home. Most of the people had complex needs and behaviour that could challenge the service.

The home had a registered manager in place. 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.

The service was registered with us in October 2016. This was the first inspection since registration had taken place.

Staffing levels were determined based on people's needs. Staff recruitment was carried out safely; this was to prevent unsuitable people from working with the people at Beech Tree House. Staff were trained and received support to ensure they had the skills and knowledge to carry out their roles. They were encouraged to feedback ideas to assist with the improvement of the service, through supervision, meetings and general discussion

We found some areas of the home required thorough cleaning. Plans were immediately put in place to rectify the situation. We have made a recommendation about cleanliness and hygiene in the home.

Staff were trained to identify signs of abuse and how to report concerns. Medicines were administered by trained staff. Records showed people received their medicines in a safe and appropriate way. Where people required additional support with maintaining their health, health professionals such as psychologists and GPs were referred to.

People's consent was sought for aspects of their care. Where people were not able to make decisions for themselves, their mental capacity was assessed and the best interest process was followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required restrictions to be put in place these were authorised by the local authorities supervisory body.

People were supported with their nutritional and hydration needs. This included providing food and drink that was safe for them to consume in line with their preferences and cultural needs.

People and their relatives spoke positively about the caring nature of staff. We observed how staff supported people with their care in a dignified and sensitive way. People's communication needs were identified and staff had the skills and knowledge to work in an inclusive way with each person.

People's relatives told us where appropriate they were kept up to date with changes to people's needs and their day to day lifestyle choices. Relatives told us there was an honest and open culture in the home, and they felt part of the service provision to their family members.

People were supported to remain as independent as possible; involvement in the community was encouraged. Activities were available to people to protect them from the risk of social isolation.

Care plans and risk assessments were in place to ensure staff knew how to support people appropriately and safely. Amendments were planned to be made to the structure of the care plans to ensure all information could be easily located. Maintenance checks and health and safety audits had been completed to ensure the environment was safe for people and staff.

All people were treated equally with a strong emphasis on supporting people's diverse needs, including their religion and sexual orientation. People with protected characteristics had been assisted by the service to achieve their own goals and their preferences and their lifestyles were respected.

People, relatives and staff spoke positively about the registered manager and the senior staff. Staff supported each other and worked well as a team. Quality assurance checks and feedback from people, relative's staff and professionals was used to drive forward improvements to the service.

Staff understood the aim of the service and worked together to accomplish providing good quality and effective care.

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's safety and well-being had been considered and steps had been taken to ensure that any risk of harm had been assessed.

Medicines were stored and administered in a safe way.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. This minimised the risk of unsuitable candidates working with people.

The cleanliness of the home was not up to standard. An improvement plan was put in place immediately to rectify this situation.

Is the service effective?

Good

The service was effective.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff received training in how to care for people in a caring and respectful way.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this applied to people's care.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

Staff knew how to protect people's dignity and privacy and

demonstrated this throughout our visit.

People were able to communicate with staff in a way that was meaningful to them. Systems were in place to encourage effective communication with people.

Is the service responsive?

Outstanding ☆

The service was responsive.

Relatives of people living in the home told us they could speak to the staff at any time. Staff were honest and open with them about the welfare of the people living in the home.

Systems were in place to provide people with protected characteristics the support they needed in an inclusive way.

People participated in activities both in the home and in the wider community. This encouraged inclusion and protected people from social isolation.

Is the service well-led?

Good ●

The service was well-led.

There were clear visions and values for the service. There was a shared philosophy of person-centred care, which enhanced the service to people.

Both the registered manager and the senior staff encouraged an honest and open approach. This reassured staff to feed back any ideas or comments they had about how the service could be improved.

The registered manager and senior staff provided effective leadership and management. This was valued by the staff and people using the service.

Beech Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This unannounced inspection took place on the 18 and 19 September 2017. The inspection was carried out by an inspector. Prior to the inspection we reviewed the information we held about the service, this included notifications we had received from the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We did not ask the provider to complete a Provider Information Return (PIR). This 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 reviewed this information during our inspection.

During the inspection we spoke with five staff members including the registered manager; the deputy manager; the regional director; the activities organiser and a senior support staff member. We spoke with two people who lived in the home. One person chose not to speak with us. We were not able to speak with the other people who lived in the home due to communication difficulties. 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 also spoke with three relatives of people living in the home.

We reviewed documents associated with four people's care and their medicines. We reviewed records associated with the employment of three staff. We read records related to health and safety, incidents and accidents and audits connected to the running of the home.

Good

Is the service safe?

Our findings

One person told us the staff in the home "Keep us all safe and keep us all happy." Relatives told us they believed the home was a safe place for people to live. One relative told us "We were very careful when finding a place for [family member] to live. We had to think very carefully about safety…We looked at 12 homes before deciding Beech Tree House was the best place for him to live."

When we arrived at the home, we were shown around by the deputy manager. We observed that parts of the home were not clean. For example, floors and walls were dirty. The inside of the microwave was not clean. Sealant around the sink in the kitchen had detached and the area was soiled. One person's bedroom and a bathroom were also unclean. We looked at the cleaning schedules for the home. These showed that cleaning had been undertaken, and staff had signed to evidence they had carried this out. However, from what we saw this was not noticeable. We spoke with the registered manager, who explained that some of the home had been poorly decorated and as a result cleaning was not always obvious, however they agreed the standard of cleanliness had fallen. During the inspection they received authorisation to employ an external contractor to carry out a deep clean of the home. This would be a regular occurrence going forward. They were also giving consideration to employing a cleaner to ensure a high standard of cleanliness could be maintained once the deep clean had taken place. They acknowledged a need to ensure cleaning audits were carried out rigorously and regularly. This would protect people and staff from the risk of infection.

We recommend the provider puts effective monitoring systems in place to ensure the cleanliness and hygiene of the home.

Staff had received training in how to protect people from abuse. They were clear about how to identify indicators of abuse, and what action they would take if they had concerns. The process for reporting concerns to the local authority was clearly visible on the wall in the office. There had been no safeguarding concerns at the home in the last year.

Systems were in place to minimise the risk of employing unsuitable staff to work in the home. Applicants completed application forms, gaps in employment histories were identified and explanations were recorded. Reference checks were completed with previous employers. Disclosure and Barring Service (DBS) checks had been obtained. The DBS helps employers make safer recruitment decisions through the disclosure of criminal records. Identity checks were undertaken and health questionnaires completed. These ensured candidates were fit and safe to work with people.

The allocation and numbers of staff on duty were aligned to the needs of the people living in the home. Three people received one-to-one support from staff. This was to ensure they remained safe. Two other staff were employed to assist with supporting the other five people. During the night time there were two staff who were awake and available to support people. In addition the registered manager was present at the home throughout the day. Rotas we looked at demonstrated sufficient numbers of staff had been available. When staffing levels were lower due to staff absences, other staff were offered additional hours. The service had a risk assessment in relation to maximum and minimum staffing levels. If staffing levels dropped below

the minimum number, staff would be requested to work in the home from other of the provider's services. This ensured the staffing levels would always be sufficient to meet the needs of the people living in the house.

People were supported with medicines by trained staff. Medicines were stored securely in locked cabinets. Records of the medicines administered were up to date and accurate. Protocols were in place for as required medicines, for example pain relief. Procedures were in place for taking medicines out of the home when people were involved in activities or staying with family. We observed how medicines were administered to people and how the procedure for taking medicines out of the home was put into practice. These procedures were overseen by a second staff member to ensure they were carried out and recorded correctly. This helped to keep people safe.

Documents showed risks to people's health and welfare had been assessed and risk assessments had been completed. Where people displayed behaviour that was challenging when anxious or upset this was clearly documented along with guidance for staff. The guidance included expert advice on how to support the person, what to do and what not to do. Through our observations of staff supporting people, it was clear they knew people well, and knew how to positively interact with people to keep them and others safe.

Environmental risks had also been considered. For example there was a vehicle seating plan for each person. This was used to identify where each person should sit in the vehicle. This enabled staff to maintain the safety of the driver and the passengers, by reducing the risks people's behaviour may have on the welfare of others.

Other safety considerations included the maintenance of fire equipment and the gas and electricity supplies to the home. This protected people from the risk of harm from unsafe utilities and equipment. Regular fire drill had taken place to familiarise both the people living in the home and staff.

Good

Is the service effective?

Our findings

One person told us the staff knew how to support them with activities, when they were unwell or when they felt anxious or upset. Relatives told us there were some staff who worked at the home who were more experienced than others. One relative told us although this was the case there was a good skills mix on duty at all times.

The registered manager told us when new staff were appointed they received an induction and attended training in the areas deemed mandatory by the provider. These were in areas such as fire training, safeguarding, and first aid amongst others. Staff also completed the care certificate. The care certificate is part of induction training and covers the minimum set of standards that social care workers adhere to in their daily working life. Records showed staff training was up-to-date. Where staff required additional training because of their role, this was provided. For example Makaton training (use of signs and symbols to help people communicate), autism and epilepsy were provided. Competency assessments were carried out on staff in areas such as medicines. This ensured staff were safe to carry out this aspect of care.

Staff were further supported throughout their employment by receiving supervision and appraisals from senior staff. Staff told us they found this useful, one staff member told us "If you have any problems you can always speak up and iron out any issues." Another told us their line manager "Listens. She is bothered and tries to help if you have problems." Staff told us they felt supported in their roles. They said they worked well as a team receiving support from each other as well as from the registered manager.

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. The application procedures for this in care homes are 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 were being met. Applications for DoLS had been made for two people living in the home. This was because their needs required staff to put restrictions in place to keep them safe. For example key pad locks were placed on external and internal doors. The DoLS authorisation did not have conditions attached.

We read documents related to mental capacity assessments and best interest decision meetings. The mental capacity assessments were documented in such a way that the reader could see how the person's capacity had been assessed. It gave clear information about what information and decision was discussed. What aids had been used to help the person understand the decision. The ability of the person to retain information and make decisions was also documented. This gave the reader a clear outline of whether the person had or lacked the mental capacity to make time specific decisions.

Where people lacked the capacity to make decisions, professionals and family members were involved in the best interest decision making process. This ensured the person's best interests were considered and upheld.

People were supported with their hydration and nutritional needs. Where people required support with eating or drinking this was provided by staff. We observed how people were supported with their lunch. Food was prepared in line with people's care plans. For example, where people required food to be cut up this was done. Where people had difficulties with food and drink, specialist advice was sought and their advice was being followed. Where appropriate care plans highlighted the risks of choking for people and what action staff should take if this happened. Menus were designed with people's likes and dislikes in mind and pictorially displayed. Where people had cultural or religious requirements in relation to food, these were documented and respected.

People were assisted to access the healthcare support they needed when they required it. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. For example, psychologists, GP and dentists. Where specific guidance was given to staff by external professionals, this was documented and acted upon. This ensured people were supported to maintain or improve their physical and mental health.

Good

Is the service caring?

Our findings

One person described to us their experience of receiving care from staff. They told us "I was nervous of the staff when I moved in. I know the staff now; they are lovely to work with. They keep us all safe and keep us all happy." They went on to explain to us how staff had cared for them. "The staff are very kind. They visit me to have a chat. If I am upset they give me a big hug, tissues and a cup of tea…If I refuse to go out they change the activity or the care. If I feel anxious or worried I can go out of the situation. We have fun here; we watch TV and mess about. It is a lovely house with new friends"

Relative's comments included "She [family member] is held in very fond regard by everyone. The first premise was that she would be loved… I can see from looking at her she is looked after very well." "The staff are caring and kind."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place by the NHS from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

We understood that not all the people living in the home could communicate with us verbally. Care plans addressed how staff could interpret people's communication through reading their body language, behaviour and facial expressions. Care plans also identified how staff could assist people's comprehension by using familiar words and keeping language simple.

There were pictures of sign language in the home to remind staff of the signs people used. We were told other people used objects of reference. Objects of reference are used as a communication tool (an object of reference is any object which is used to represent an item, activity, place, or person.) Another person who lived with autism used a special book that had Velcro pictures, which set out the activities for the day. This was an approach used for working with people with autism, to help relieve anxiety through understanding and managing the expectations of the day ahead. We observed staff interactions with people were not always verbal, for example we saw one person banging on the table. The staff member joined in with the person and mirrored their behaviour. The person engaged with the staff member and their facial expression and body language told us they were enjoying the interaction. One person used Makaton signing. Makaton is a language programme using signs and symbols to help people to communicate. We observed staff communicated with them using the appropriate signs. This was an area staff were receiving training in to aid communication with people who used it.

From our observations we saw staff interacted with people in a positive and sensitive way. Interactions were meaningful and respectful. When people's care needs were apparent, staff responded quickly and discreetly supported people with personal care. Although some people required close support by staff, their movements were not restricted unless there was a risk to themselves or others. We observed laughter and fun within the home, with staff and people joking together.

Staff knew how to protect people's dignity and privacy. One relative told us the staff protected their family member's privacy, by knocking on their bedroom door before entering. When the person was having a shower staff would keep a respectful distance as the person would "Make it clear if they felt staff were encroaching on their boundaries." One staff member told us they respected people's dignity by following the care plans and by speaking to people how they would wish to be spoken to. "We respect their decisions and give people space." One person told staff they had concerns that staff had entered their living accommodation when they wished for privacy. A sign had been made so the person could politely ask visitors not to disturb them and to return at a later time. This ensured the person had privacy when they wanted it.

Outstanding ☆

Is the service responsive?

Our findings

Relatives told us how they were kept up to date with information and involved in the care people received. For example, one relative told us they considered their relationship with the staff as "team work." They felt they and the staff were all working together for the benefit of their family member. They described how they experienced effective communication from the registered manager; they said "We feel we are very much in partnership with the home." Another relative told us they communicated with the registered manager and staff via emails and these were always responded to. They told us "We can talk at any time." Another relative told us of the benefit of close communication with the staff. They said their family member felt there was a consistency to the approach used by the family and the staff. In turn this helped their family member to feel calm. They stated "That is important because due to this he feels better understood." All the relatives we spoke with told us they felt part of the care planning process and their opinions were listened to by staff working in the home.

One relative told us how they had had positive experiences of discussing care for their family member with staff at the home. They said they were able to make suggestions. "I never feel information in disregarded… When someone is in an environment like that, making suggestions can been seen as a negative. Not there [Beech Tree House]. I see them [staff] taking [family member] into a future where she can have a happy and meaningful life, I can see that is where their [staff] skills lie. They are not defensive. Any issues we talk about. We know what their attitude will be."

Another relative echoed the same opinion. They told us how the home had listened to their views when their family member moved into the home. Because of the complex needs of the person, the relative was able to offer suggestions which were followed up by the registered manager and the staff. This enabled the person to experience a less stressful transition from their previous care provider.

All people were treated equally with a strong emphasis on supporting people's diverse needs, including their religion and sexual orientation. People's cultural and religious needs had been identified and were respected by staff. One person followed Buddhism and had recently had a birthday celebration at their temple. Other people from the home were invited to join them to celebrate the occasion. We were told by the registered manager that this would not have been possible before the person moved to Beech Tree House, as they would not have tolerated their peers at the temple. Another person followed Islam; their dietary needs were known by staff and recorded in their care plan. There was a high emphasis on person-centred care and staff were aware of the importance of encouraging people to lead their lives in the way they wanted.

Care plans reflected people's assessed needs. Each person's care plan included a transition plan. This was written to identify and support each person with their transition of moving into Beech Tree House. This was centred on each individual's needs. The aim was to relieve anxiety and allow people the time and space to become familiar with their new home. One person was experiencing grief at the loss of their relative at the time of moving to Beech Tree House. Their grief manifested itself through anger and aggression. They were supported to complete a set of sessions on anger management and coping strategies. This proved to be

effective and resulted in a decrease of incidents of challenging behaviour. The same person had also completed two one day training courses on ''Keeping me safe from abuse'' and ''First Aid''. They were reportedly very proud of their achievements.

During our recent inspection, the same person spent approximately 25 minutes speaking to the inspector. The registered manager told us in the past, they would have managed to speak to a person they didn't know for couple of minutes at most. They would also have required staff support with this. As a result of the relationships established with staff and the trust and support people received we could see how their confidence had grown and their anxiety decreased. This had led to a better quality of life for people.

Care plans were clear and directed staff how to support people. We found each person had a written "pre-shift" reminder record in their file. This highlighted in a concise form the individual needs of each person and acted as an aide memoir for staff. Each person had a positive behaviour support plan which directed staff on how to avoid causing upset or anxiety to a person, and how to deal with situations as they arose. These individually addressed each person's needs. Risk management plans were in place to minimise the risk of harm to people, for example, when people were involved in activities such as fishing or attending the gym.

Staff understood the importance of maintaining and supporting people's independence. Three people were separately involved in voluntary work outside of the home. Other people participated in walking dogs from a nearby dog rescue centre. Where people could they were encouraged to be involved in the running of the home and participated in areas such as cooking. One person told us how they helped in the kitchen and the laundry. They also told us how they went shopping each week and used their "own money" to purchase things they wanted. People were encouraged to be as independent as possible. The registered manager told us, staff discussed with people what their individual goals were, and then supported each person to reach them.

The home had erected a sensory shed in the garden; this was used for sensory experiences such as lights, touch, music and relaxation. Due to the complex needs of the people living in the home, this was an important aspect of their care. For example, one person was resistant to touch by others, this caused the person severe anxiety. Through perseverance and trust staff encouraged them to participate in a face painting session. The person took control of the paint, colours and patterns and enjoyed the session. We were told the psychologist working with the person had reported there was a reduction in their displays of anxiety from several times a day to 3 or 4 occasions a month. The home had an activities worker who organised outings and activity sessions. One person enjoyed going to watch football and gardening. Activities people enjoyed included swimming, cycling, trampolining and visits to museums amongst others. One person had recently been sailing. This was something they had enjoyed and the staff were looking into repeating it for the person. A relative told us their family member who enjoyed gardening was going to participate in an allotment project where they would grow their own food and then cook it.

People's relatives told us they were able to visit the home at any time. They were always made to feel welcome. People were supported to go to their family home whenever this was requested.

People's relatives knew how to make a complaint. None had felt the need to do so in the last year. Where concerns were raised these were dealt with through discussions or meetings with the person's relative. One person living in the home told us if they had concerns they could discuss it with staff. There had been no reported complaints in the year prior to the inspection. We read one recorded compliment had been received from a family member, thanking staff for supporting a person to attend a family member's funeral. Another acknowledgement of the service staff offered was from a local church. An unexpected visit had taken place from church members. They had presented the registered manager with a hamper. This was to

acknowledge the work staff did with people in the home, as observed by people in the local area. This was received with gratitude from the staff.

Good

Is the service well-led?

Our findings

Without exception everyone we spoke with during and after the inspection spoke positively about the registered manager. Comments from relatives included "I don't know how she keeps abreast of everything… She is dedicated. She cares a great deal. It is not just a job to her. ..She is never not available. She is very welcoming. She is immediately focussed on you for the time you are there," "She is very helpful, a really good manager," "She works really very hard, she is very thorough. We have a chat in the office; she always has time for that. She knows the residents well. The place seems to be well run and organised."

Staff commented on how supportive the registered manager and senior staff were. One staff member told us "The home is very well managed. We are a happy team. We manage to resolve little issues between us. [Senior staff] are very approachable." "I think she [registered manager] knows what she is talking about, she listens to us." One relative told us how the registered manager supported them and their family member to attend a GP appointment. Numerous health referrals were made as a result of the appointment. The relative told us "I don't know how she [registered manager] does it but she does it. She has a very good team. You feel they are all working as a team."

When speaking with relatives, people and staff a recurring theme was repeated, this was the family/homely environment of the home. One staff member told us the best thing about the service was the family environment and the trust between people and staff. One person told us "I love living here, all the staff are nice to me, the service users are nice to me, and the food is nice." A relative said "The overarching thing is the care, attention and enthusiasm, it is a very happy buzzing environment…The environment is more of a family environment. The acid test is if [family member] is happy to go back when she has been at home. She is!"

Senior staff including the registered manager were approachable and accessible to staff, people and relatives. Staff and relatives felt confident to approach them and share ideas and suggestions of how the service could be improved. Staff were clear about the expectations of the home and their individual responsibilities. They told us they believed the aim of the service was to encourage people to be as independent as possible. To help each person reach their potential and to treat each person as an individual. There was a strong person centred focus within the home. This was reflected in the documentation, the attitude of the staff and from the observations we made.

Staff felt motivated by constructive feedback and supported by senior staff. One staff member told us "I am very self-conscious and lack confidence, so it is nice when I get praised for what I am doing." The provider offered incremental management training to staff who were interested in progressing and taking on more responsibility. The deputy manager had completed an advanced management development programme. A senior support worker had started to undertake management training. They told us this was a direct result of the positive feedback they had received regarding their performance. Staff were also supported through staff meetings.

A number of audits had taken place at the home, these included, accidents and incidents, health and safety

and care plan audits amongst others. Where improvements were required an action plan identified who was responsible and a deadline for any actions to be completed. This helped drive forward improvements to the service. A questionnaire had been sent out to people, relatives, staff and professionals. Feedback showed mostly positive comments. Staff were complimentary about the registered manager at the home, but less complimentary about the provider with issues related to pay and as a result poor staff retention. At the time of our inspection there were three full time staff vacancies, but we saw no evidence from the rotas that this impacted on people's care.

The provider has a legal duty to inform us about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider regarding changes and events at the home.

Generally people were satisfied and happy with the support and care they were receiving at Beech Tree House. Their relatives told us "Overall it is an excellent service. She [family member] has people who encourage her to be independent and her self-esteem has grown. She knows she is loved and she has a little bit of control over her destiny. She is more self-assured", "[Family member] seems very happy and content, he has severe communication problems, autism and a learning disability, we see him every week...they [staff] know him very well; they seem to be able to pre-empt situations. When there is the potential for conflict they support him to take himself away from the situation….He feels well supported, happy and safe. He is very relaxed." From our observation of care and through discussions with those involved in the home, it was clear the focus was on care for the individual people who lived in the home. Their complex needs were addressed and support was given to enable their quality of life to be enhanced.