

# Forest Residential Care Homes Limited

## Lyncroft

### 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Lyncroft is a 'care home' that was providing personal care and support to nine people with mental health needs at the time of inspection. The care home is registered for 12 people.

### People's experience of using this service:

Staff were knowledgeable about safeguarding and whistleblowing procedures.

People's risks were assessed and plans were in place to minimise the risks.

Staff were recruited safely and were supported to carry out their role with training, supervision and appraisals.

Medicines were managed safely.

People's care needs were assessed before they began to use the service to ensure the appropriate support could be given.

The service worked jointly with healthcare professionals to support people with their healthcare needs.

Staff knew people well and knew how to provide an equitable service.

People had a named care worker who was responsible for overseeing their care.

The service involved people in decisions about their care and promoted people's privacy, dignity and independence.

People's end of life care wishes were captured.

The service provided care according to people's preferences and choices and included the goals people wished to achieve.

People and staff spoke positively about the leadership of the service.

The provider sought feedback from people using the service and staff through regular meetings and an annual survey.

A variety of quality checks were carried out to identify areas for improvement.

### Rating at last inspection:

Requires improvement (report published on 15/08/18).

### Why we inspected:

This was a scheduled inspection based on the previous rating.

### Follow up:

We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

# Lyncroft

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses a mental health service.

#### Service and service type:

Lyncroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they 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:

We gave the service one hour notice of the inspection visit because people using the service are often out during the day with staff and the management. We needed to be sure someone would be in.

#### What we did:

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority with responsibility for commissioning care from the service to seek their views about the service.

During the inspection, we spoke with the registered manager, the deputy manager who also had responsibility for training and development, three care workers and four people who used the service.

We reviewed four care records for people using the service, including risk assessments.

We reviewed three staff files including recruitment and supervision records.

We looked at records relating to how the service was managed including staff training, medicines and quality assurance documentation.

The provider sent us documentation we asked for following the inspection.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection (15 August 2018) we rated this question as inadequate. This was because we identified three breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to risk assessments, medicines, staff working hours and building safety. However, at this inspection we found improvements had been made in these areas.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe at the service.
- People were protected from the risks of being harmed or abused.
- Staff completed safeguarding adults and whistleblowing training and knew what actions to take if they suspected somebody was being abused.
- Staff comments included, "I would talk to my manager about it. If [they] are not doing anything about it, I can take it further or talk to the local authority, the police or CQC."
- There had been no safeguarding incidents since the last inspection. However, the registered manager and the deputy manager demonstrated they understood their responsibility to notify the local authority and CQC about safeguarding concerns when required.

Assessing risk, safety monitoring and management:

- People had risk assessments which gave clear guidance to staff about how to reduce the risks of harm people may face. Risk assessments included medicines, nutrition, substance misuse, fire setting, property damage and risk to others. For example, one person was found to be at risk of starting a fire in the service's communal training room. The measures taken to mitigate the risk was for this room to be locked when not in use and the person not to be left unattended when in the room.
- People had a 'missing person's' information sheet with their photograph and brief description. This meant in the event of a person becoming missing, information was easily accessible to pass to relevant authorities such as the police.
- People had an emergency information sheet with basic details which could be given to the ambulance service along with the medicine record sheet should a person need to be taken to hospital.
- Building safety checks had been carried out as required including the annual gas safety check and yearly testing of portable electrical appliances.
- The fire risk assessment was reviewed in January 2019 with no issues identified. The service had regular weekly fire drills with the most recent one carried out on the day of inspection with no issues identified. The fire fighting equipment had been serviced on 26 March 2019 and the weekly fire alarm test was up to date.

Staffing and recruitment:

- People told us there were enough staff on duty to support them.
- Staff confirmed there were enough staff on duty to meet people's needs. One staff member said, "There's

enough staff here. They accommodate everything here."

- Records showed there were at least two staff on shift every day and extra staff were brought in, for example, if somebody needed to be accompanied to an appointment. There was an extra staff member on duty on the day of the inspection because one person had a hospital check-up appointment.
- At the last inspection, records showed staff were scheduled to work excessive hours with staff regularly being on duty for a 24 hour period. However, at this visit, records showed that separate staff were on duty at night.
- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed that included staff providing proof of identification, the right to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to confirm the continued suitability of staff.
- The service used its own bank of staff to cover staff absences.

Using medicines safely:

- Medicines were stored appropriately and safely.
- Since the last inspection the provider had introduced medicine care plans. Each person had a medicine care plan which detailed the medicines they were prescribed, why they were prescribed, how to administer the medicine safely and the possible side effects or contra-indications for each drug.
- Medicine care plans also included, where appropriate, signs for staff to look out for, when a person had a relapse in their mental health and how to respond.
- People prescribed medicines on an 'as needed' (PRN) basis had clear guidelines in place so that staff would know when these should be administered and how to do so safely. The provider kept a stock check of these medicines. We reviewed these and found them to be correct.
- Liquid medicines were clearly labelled with the date of opening which meant staff could check they were safe to use.
- Records were kept of administering medicines to each person and these were completed correctly.

Preventing and controlling infection:

- There were sufficient handwashing facilities in the premises so that staff, people who used the service and visitors could wash their hands.
- Staff confirmed they were provided with enough personal protective equipment such as gloves and aprons to enable them to carry out their role safely.
- The service had an infection control policy and cleaning policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Records showed staff were up to date with infection control training.

Learning lessons when things go wrong:

- The service had a system in place to record accidents and incidents. We saw one accident had been recorded since the last inspection. The record showed the details of what happened and what the outcome was.
- The registered manager told us a Healthwatch visitor had asked them if they could think of a way to capture the views of people using the service as there had not been any complaints. They discussed this as a staff team and came up with the idea of having a 'suggestion box'. The registered manager told us this was about to be introduced and they were hopeful this would encourage people to pass on their views about the service and suggest ways to improve their experience.

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection (15 August 2018) we rated this question as requires improvement. This was because we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people's nutrition and staff support. However, at this inspection we found improvements had been made in these areas.

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

- People told us they were happy with the care they received. One person stated, "It's like my second home." Another person told us, "I like living here because it's a nice home and the staff are friendly."

- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs effectively.

- Assessments included people's history in relation to their life, education, work and mental health.

Information was also captured on their functional ability and the reason for their referral.

- The registered manager told us people had a staged admission period and a three month trial at the service.

Staff support: induction, training, skills and experience:

- New staff received an induction which included two days at the home for orientation and introduction to other staff and the people using the service. They also shadowed more experienced staff for several days depending on previous experience and how comfortable they and other staff felt. New staff completed an induction programme which included reading through paperwork and policies and completing mandatory training courses such as safeguarding, infection control, mental health and challenging behaviour.

- New staff completed the Care Certificate which is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.

- Staff confirmed they received regular opportunities for training and found this useful. One staff member told us, "We talk about medications, they tell us and ask us questions. Anything we don't understand we have the opportunity to talk to the managers." Another staff member said, "We had training only last month. Of course, it can help you to have knowledge to look after [people]."

- Training records showed staff had received up to date training relevant to their role from a variety of training providers. This included training in mental health and stress management, depression, ageing, wound care, anxiety, activities and exercise.

- Staff were supported with regular supervisions and appraisals and told us they found this useful for carrying out their role effectively. One staff member told us, "[Registered manager] told me to talk about anything, let's say you have a problem [registered manager] tells you how to solve the problem. Gives you additional knowledge."

- Records showed topics discussed in supervision included the staff member's progress on meeting their key



objectives, policies and procedures, training and time keeping.

- Appraisal records showed discussions were held about team work, ability to make decisions, completion of tasks and identified training needs and objectives for the forthcoming year.

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

- People told us the choice of food was good and they enjoyed mealtimes. One person told us, "The food is the best and they offer me [cultural] options." Another person said, "The food is healthy and there are good choices."
- Staff were aware of people's nutritional needs and explained how they met people's dietary preferences. One staff member told us, "They do have choice. We give them two choices. It is up to them what they want." Another staff member said, "We give them choice. Some people choose according to their religion. Some like a vegetarian choice."
- Care records documented what people's favourite foods were.
- Menus were varied and nutritious and showed people's alternative choices.
- The kitchen was well stocked with a variety of nutritional food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain their health.
- Staff described how they supported people to maintain their health. One staff member told us, "We are following what the doctors say. We explain to [the people using the service] and we push the fruits and give them more water. We go with them to health appointments. Some of the residents we take them to the gym to make them more active."
- People had their weight monitored monthly so that medical assistance could be sought for increases or decreases in weight.
- The GP visited the service to carry out annual health checks on people and to carry out heart and blood tests.
- Care records documented people's medical appointments with the outcome and showed people had access to physiotherapy, cardiology, chiropody, optician, dentist and psychiatry as required.

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

- The premises were laid out across two floors and each person had their own bedroom furnished according to their preferences.
- People had access to a communal kitchen, dining area, sitting room, conservatory and laundry facilities. At the back of the house in the garden area there was a training and development centre which people using the service could use to develop their skills and socialise.

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 with appropriate legal authority. 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and DoLS.
- Staff explained what MCA was. One staff member told us, "Mental Capacity Act is [about] making a decision. It is a law and [tells us] what to do, especially for those that are lacking capacity and cannot make a decision. You should give care and needs based on law."
- Staff understood what DoLS was. One staff member explained, "An example of Deprivation of Liberty is when they go out they are not supposed to go on their own, so we escort."
- Records showed three people had legally authorised DoLS in place because they required a level of supervision that may amount to their liberty being deprived.
- Appropriate DoLS assessments had been carried out and the provider had notified CQC as required of the outcome.
- People had signed a consent form for personal information, medical records and necessary information relating to care to be stored and shared with relevant authorities.
- Staff understood the need to obtain consent before delivering care. One staff member told us they needed consent, "For treatment or their care plan. All the time we will get the permission." Another staff member said, "Sometimes they don't want to take their medication so we go later and we give them the time."

## 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection (15 August 2018) we rated this question as requires improvement. This was because we identified concerns in relation to the lack of respect shown to people through staff actions and in record-keeping and the impact of people's cultural background or relationships were not considered in terms of care planning. However, at this inspection we found improvements had been made in these areas.

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

- People said staff were kind and compassionate. One person told us, "The staff are attentive to my needs. They are very chatty and friendly." Another person said, "The staff help me a lot and make me tea or coffee."
- People were given a service user guide when they began to use the service which gave information on the type of service they could expect to receive including the right to privacy, dignity, independence, choice and a fulfilling life.
- Staff knew people well including their care needs and preferences. One staff member told us, "Before [people] came here the manager assessed them and the care plan and risk assessment [were written]. You have to introduce yourself and be nice to [the person], have a bit of a chat, be confident and then they respond." Another staff member said, "The [people who use the service] here are really friendly and we get on so well."
- People had an allocated keyworker who was a named care worker responsible for overseeing the care they received. The management told us, "The keyworkers get to know the [person they are allocated to] very well and they open up to them about their needs. If necessary, we'll get outside support as well."
- Staff received training in equality and diversity to ensure they knew how to provide an equitable service.
- The registered manager told us, "We treat everybody as individuals, respect their wishes, their likes and dislikes and ensure they feel safe and confident in this environment because at the end of the day this is their home."
- Staff demonstrated they were knowledgeable about equality and diversity. Comments included, "We don't discriminate and we respect [people's] choices" and "Different [people using the service] have different backgrounds so you have to treat them equally."
- We asked staff how they would support a person who identified as lesbian, gay, bisexual or transgender [LGBT]. Responses included, "I would just treat them the same as other people" and "These people [LGBT] need equality and no discrimination. All of us are human."
- The management told us it was possible for a person's significant other to stay overnight but they would have to look at the risks involved. They said, "Nobody here needs this at the moment." The management explained that in the past two people using the service had got married and moved together into one room, using the other room as their lounge. This enable the couple to prepare to move into a more independent setting.

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

- The service supported people and their relatives to express their views and be involved in making decisions about the care.
- The registered manager told us, "First of all we have 'resident meetings'. We meet with the relatives and we have an open door policy. We always invite the relatives to appointments and functions and also we give them telephone updates on progress made. We invite the relatives on the day trips. We try to involve them as much as possible."
- Staff described how they involved people in their day to day care. One staff member told us, "By working together with them in partnership. I make them [people using the service] part of whatever I do." Another staff member said, "It's about the care plan. You have to involve them and you have to talk to them. Chat with them and ask what they need."
- People's choices were promoted. One staff member told us, "When you talk to them about their choices they will say what they want, so we will help them to sort it out and do that for them." Another staff member said, "You have to respect them whatever their choice. They are not a prisoner, they have the freedom."

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

- People's privacy and dignity were promoted. We observed staff knocked on people's doors before entering their rooms and spoke to people in a respectful and dignified manner.
- People confirmed their privacy was promoted. One person told us, "Staff also respect my privacy. I feel like I can talk to them about anything."
- Staff described how they promoted people's dignity. One staff member told us, "You knock the door and ask them if you can come in. If they allow you to then you can go in. You have to close the door when you are changing the resident. When you see them naked you have to send them into their room because of their dignity. Give them respect when they have a visitor and give them privacy."
- Staff gave examples of the support they gave people to develop their independence. One staff member told us, "If they want to do something we will observe them and make sure they will not harm themselves or somebody else and we will keep an eye on them." Another staff member said, "We encourage them to live independently like normal. They can go out, they can do the shopping, choose the clothes that they buy. We are not stopping them."

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

At our last inspection (15 August 2018) we rated this question as requires improvement. This was because we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people's care not being personalised. However, at this inspection we found improvements had been made in these areas.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they were able to maintain their hobbies and interests. Responses included, "I go to the gym", "I like playing guitar or going to the park" and "I like watching TV or going for walks."
- Care records documented the activities people participated in which included, playing musical instruments, drawing, painting, musicals, writing letters, day trips and board games.
- People had regular contact with their family and friends. Care plans documented when people stayed overnight with their family. We noted that one person regularly visited a friend.
- Care plans were detailed and contained people's preferences. For example, one person's care plan stated, "When I feel good, I like to go for walks. I join the walking group in the evening with other [people using the service] and staff."
- Each person had a 'Life Story Book' which included information about the person's childhood, places important for the person, communication method, favourite things and religious beliefs.
- People's care plans were regularly reviewed. For example, one person's review in 2018 noted they had regular family contact.
- Care plans were regularly updated. Keyworkers documented monthly discussions with people. This meant changes required could be identified in a timely manner.
- People had skill development areas they were working on which included an evaluation and progress section. This detailed the input from staff needed. One person's life goals included independence with cooking and laundry. The progress on achieving these goals stated, "[Person] needs lots of encouragement and support from staff."
- Staff understood how to deliver personalised care. Comments included, "The person is at the centre of everything" and "Care is centred holistically. We concentrate on what that person wants."
- The provider understood the requirements of the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people using the service.
- The registered manager told us for people with a sight impairment, they would, "Get extra-large print and braille and ask for outside assistance with this." They told us for people with a hearing impairment, they would use, "Sign language, writing, and they could be seen by the specialist to find out the depth of their hearing impairment."

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint and would speak to their keyworker if they were not happy with the service.
- The service had a comprehensive complaints policy which gave clear guidance to staff about how to handle complaints.
- Staff described the actions they would take if somebody wished to make a complaint and told us they would refer the complaint to the registered manager. One staff member told us, "Well if [a person] wants to make a complaint, we [acknowledge] the complaint within five working days. The manager will assess whatever the problem is and will try to solve the problem within 28 days."
- The management told us they welcomed complaints and suggestions for improvements. There had been no complaints since the previous inspection so they had introduced a suggestion box.

#### End of life care and support:

- The provider had an end of life care policy which gave guidance to staff about how to provide care sensitively to a person who was at the end of their life.
- At the time of this inspection nobody was at the end of their life. However, people had their end of life wishes documented in their care files including family contacts, where they wished to spend their final days and the type of funeral they would like.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection (15 August 2018) we rated this question as requires improvement. This was because we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the provider failing to notify us of specific events and to act on feedback from staff and people using the service. However, at this inspection we found improvements had been made in these areas.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People were relaxed and chatty with the staff and management.
- Staff told us there was effective communication within the team. This ensured staff were kept up to date with any changes in people's support needs. Comments included, "The [person] will tell us. We do handover every day. We check the communication book" and "When we have the handover, the manager also gives a verbal talk about any changes."
- The registered manager understood their responsibility with duty of candour and told us, "It is to be open and transparent and to report anything that needs to be reported. Duty of candour means providers and registered managers must act in an open and transparent way with people who use services and their representatives. This includes actions that providers must take in relation to notifiable safety incidents."
- The service operated an open door policy to encourage people and staff to raise concerns and to encourage a culture of openness and transparency.

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

- The provider had submitted relevant statutory notifications as required.
- Staff spoke positively about the leadership in the service and told us management were fair and approachable. Comments included, "We have a lot of support from management. [Registered manager] is amazing" and "I do feel supported, I feel encouraged. I love [registered manager]. They are a very good manager."
- The registered manager told us, "Staff are always given opportunities to speak up in staff meetings and supervisions. Our open door policy means we always get staff coming in with ideas."

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

- People told us the registered manager was involved in all aspects of the care and was approachable.
- The service kept a record of compliments. A local authority professional had written, "I have always found the staff helpful, friendly and willing to make every effort to assist in providing for the particular needs of

[people using the service]." A relative had written, "I would like to say a big thank you to the management and staff at Lyncroft home for the continued excellent care and support they provide for my [family member]."

- Staff confirmed they were treated equally. One staff member told us, "Absolutely, [the provider] treat us very nice. No discrimination." Another staff member said, "All staff are treated equally."
- People confirmed they attended the 'resident meetings'. Records showed these meetings were held regularly. A recent meeting showed topics discussed included, respect, cinema passes, end of life care, holidays, menus and people's goals.
- The provider held regular staff meetings. Topics discussed included medicines, end of life care, communication, keyworking sessions and policies.
- Staff gave positive feedback about staff meetings. Responses included, "[Staff meetings] are very useful. We discuss all the things, good and bad" and "Of course [useful] because we voice out everything."

Continuous learning and improving care:

- People were asked to give feedback about the service provided through an annual survey which was then analysed. We noted from the 2018 survey analysis that people wished to be consulted three hours prior to meal preparation about what they wished to eat. This was now happening.
- The 2018 annual staff survey showed that staff appreciated time and effort given to develop their effectiveness as a team.
- The provider had a system in place to carry out quality checks of the service. The supplying pharmacist carried out an annual audit and we saw no issues were identified at the most recent audit in April 2018. The registered manager showed us the pharmacist was booked for their next audit at the end of April 2019.
- The management carried out a monthly in-house medicine audit which was up to date. Medicines were checked when ordering each month and checked when received. The audit carried out in January 2019 noted counting of boxed tablets was implemented and recorded on the back of the medicine administration records.
- The management carried out a monthly general quality assurance audit. We reviewed the audits done in February and March 2019. We noted new blinds were fitted in the sitting room and the carpets in the sitting room and hallway had been steam cleaned.

Working in partnership with others:

- The service worked in partnership with other agencies. The registered manager told us, "We work with Waltham Forest, Newham and Tower Hamlets provider meetings to share ideas and exchange information. We work very closely with all the health professionals and health centres. They are very accommodating."