

Sheval Limited

# Asheborough House Care Centre - Saltash

## Inspection report

St Stephens  
Saltash  
Cornwall  
PL12 4AP

Tel: 01752845206  
Website: [www.asheboroughhouse.co.uk](http://www.asheboroughhouse.co.uk)

Date of inspection visit:  
28 October 2020

Date of publication:  
30 November 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Asheborough House Care Centre is a nursing and residential care home which predominately provides nursing care and support to people who have been diagnosed with a form of dementia. The home is registered to accommodate up to a maximum of 31 people. At the time of the inspection there were 26 people living in the service.

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

Since the last inspection improvements had been made to how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care. Where people had been assessed as requiring pressure relieving mattresses, to protect them from skin damage, there was an improved process in place. This ensured such devices were always set correctly for the person using them, and in accordance with their current weight. Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

Records of people's care had been updated, since the last inspection, and were individualised and detailed their needs and preferences. Individual activity plans had started to be developed with people, to help understand how they would like to spend their time, and this was on-going.

While the management of medicines had improved since the last inspection we found 'as required' medicines had not been routinely added to people's medicines administration records (MARs), since the service started to use a new pharmacy recently, and only added when the medicines were given. The manager advised us, they had raised this with the pharmacy, and plans were in place for the pharmacy to add these to the (MARs) sheets. We also found when entries on people's medicines records had been handwritten, some of these had not been signed as witnessed by two staff.

A risk assessment of the building had been completed in relation to locked doors and any adaptations that could be made to support people living with dementia. This assessment had recorded the reasons why some doors needed to be locked and the impact on the individuals it might affect. Some door signage and use of coloured eating utensils had been trialled, to see if it might promote the independence of people living with dementia, and the development of this project was on-going.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. Relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "Staff know [person] and how to look after them", "Staff are always willing to support people emotionally by

providing the physical comfort they need" and "Staff are very helpful."

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.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff from the risk of infection. During the summer months some families had met people in the garden and new arrangements were in place for families to meet in a safe area of the home during the winter months.

People, their relatives and staff were regularly asked for feedback on the service's performance. There was a stable staff team who knew people well and worked together to help ensure people received a good service. People, their relatives and staff told us the management were approachable and listened when any concerns or ideas were raised.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published on 30 August 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

We received concerns in relation to medicines management, inconsistent care monitoring records, staff access to care plans and people's movement around the premises being restricted. As a result, we carried out a focused inspection to review the key questions of safe, effective, responsive and well-led to look at these concerns and to follow up on breaches from the last inspection.

We reviewed the information we held about the service. No areas of concern were identified in the caring key question and therefore we did not inspect that key question. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Asheborough House Care Centre – Saltash on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

At this inspection we have identified a continued breach in relation to the governance and oversight of the service.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Asheborough House Care Centre - Saltash

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Asheborough House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also considered the last inspection report and looked at the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Most people were unable to tell us about their experiences of living on the service, so we observed how people spent their time and how staff interacted with them. We spoke with a visiting relative, three care staff, the nurse in charge and the registered manager.

We reviewed a range of records. This included four people's care records and a sample of medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a further three relatives.



# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

We reviewed this key question because we received concerns about how medicines were managed. We also reviewed this key question to follow up a breach from the last inspection.

### Using medicines safely

At our last inspection medicines were not robustly managed. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall the management of medicines had improved since the last inspection. There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- However, we found 'as required' medicines had not been routinely added to people's MARs, since the service started to use a new pharmacy recently, and only added when the medicines were given. This meant there was a risk that, if new or agency staff needed to work in the service in an emergency, people might not receive pain relieve because staff would not know it had been prescribed. The manager advised us they had raised this with the pharmacy and plans were in place for the pharmacy to add these to the medicines administration records (MARs) sheets.
- We also found when entries on people's medicines records had been handwritten, some of these had not been signed as witnessed by two staff.
- One person had been prescribed an adrenaline injection, to be given when needed, as they were allergic to shellfish. Staff knew the person was not to eat shellfish, and therefore the chances of the injection needing to be used was low. Staff also knew how this injection was to be given. However, there was no care plan explaining this allergy and how the injection should be administered. The day after the inspection the manager sent us a copy of a care plan that had been written to cover this.

We found no evidence that people had been harmed however, accurate records about people's medicines were not maintained. This contributed to the continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.



- Some people required their medicines to be given covertly (without their knowledge or consent). We found there were improved arrangements in place to ensure staff knew how to administer these medicines appropriately.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained improved detail and guidance for staff on how to protect people from known risks and reduce the risk of avoidable harm. For example, when people were at risk of choking, falling, needed to be hoisted or needed re-positioning.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was an improved process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

### Staffing and recruitment

At our last inspection we recommended the provider seek reputable guidance on completing and monitoring safe recruitment processes. The provider had made improvements.

- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.
- There were enough staff on duty to meet people's needs. Conversations with relatives and staff confirmed there were always enough staff available. During our inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff had enough time to engage with people in a meaningful way.

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

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care they received and believed it was a safe environment.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding

concerns externally was displayed in the service.

- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Lessons had been learnt following a recent safeguarding concerning a member of staff. Staff had attended a de-brief workshop to discuss how improvement to practice could be made.

# 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 requires improvement. At this inspection this key question has improved to good. People's outcomes were consistently good, and people's feedback confirmed this.

We reviewed this key question because we received concerns about how people's care was being monitored in relation to their food and fluid intake and people's movement around the premises being restricted. We also reviewed this key question to follow up a breach from the last inspection.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had not ensured the principles of the Mental Capacity Act 2005 (MCA) were met. This was a breach of part of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- At the last inspection we found it was not possible for people to move freely around the building due to several locked doors and it was unclear why these locks were needed. At this inspection a risk assessment about the locked doors had been completed, and showed that only doors that accessed stairs between each unit were locked. Most people spend their time within a specific area/unit of the home and the locked doors were necessary for their safety. One person liked to move between their bedroom and a lounge on a different floor during the day. To allow this person the freedom to do this, a door on one stairway, in an area not accessed by other people, was left open and locked again at night when that person and others retired to their rooms to go to bed.
- Since the last inspection records had been updated to show which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Staff only sought consent from people who had the legal authority to give consent on the person's behalf. Where an LPA was not in place best interest decisions were made involving the relevant external professionals and the nominated family decision maker.
- Capacity assessments were completed to assess if people were able to make specific decisions

independently. For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. Everyone living at the service either had an authorised DoLS in place or an application had been submitted.

- Since the last inspection the provider had developed a MCA policy that clearly described how staff should meet the requirements of the MCA.

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

- People were provided with healthy meals and they told us they enjoyed the food provided.
- Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning and staff spoke with people daily about their meal choices.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. When people's food and fluid intake needed to be monitored we found records were consistently completed and acted upon if necessary.
- Where required people were regularly weighed. This information was communicated to other records, such as records for pressure relieving mattresses to help ensure these were always set correctly for the person's needs.

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

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From these initial assessments care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs.

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

- People's health conditions were well managed and staff engaged with external healthcare professionals such as occupational therapists, physiotherapists and GPs as needed to help provide consistent care.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

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

At our last inspection we recommended the provider seeks best practice regarding the design of dementia friendly environments. The provider had made improvements.

- The provider had researched best practice about adaptations that could be made to the environment to support people living with dementia. Some door signage and use of coloured eating utensils had been trialled, to see if it might promote the independence of people living with dementia, and the development of this project was on-going.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Stair and passenger lifts were available for people to access the upper floors. Corridors were wide and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Due to Covid-19 some training methods were currently restricted. However, staff had access to online programmes and in-house competency assessments had continued.
- Relatives told us they thought staff were competent and understood people's care and support needs. They told us, "[Person] had a problem with their legs, staff called the doctor out and staff tell me they are already getting better", "When I talk to staff they talk about [person] as though they are a friend. I am confident they are being well cared for" "Staff know [person] and how to look after them."
- Induction procedures ensured new staff were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place three monthly, as well as group staff meetings, where staff could discuss any concerns and share ideas.

# 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 requires improvement. At this inspection this key question has improved to good. People's needs were met through good organisation and delivery.

We reviewed this key question because we received concerns about staff not having access to care plans. We also reviewed this key question to follow up on areas identified for improvement at the last inspection in relation the level of detail contained in people's care plans and a lack of meaningful activities.

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

- Since the last inspection people's care plans had been updated to contain more individualised information about people's preferred routines, interests, likes and dislikes.
- Care plans were kept under monthly review as well as monthly audits by the manager to check the quality and accuracy of people's care plans.
- Staff told us care plans were always accessible and they were informative, giving them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers. This helped ensure people received consistent care and support.
- Staff had a good understanding of people's individual needs and provided personalised 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. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- There were a range of group activities on offer each day including quizzes and puzzles, nail care and massages, letter writing and shopping lists, arts and crafts, singing and dancing, scavenger hunt and reminiscing.
- Since the last inspection individual activity plans had started to be developed with people, to help understand how they would like to spend their time, and this was on-going.
- Some people spent their time in their room or in bed because of their health needs or personal preferences. Staff spent one-to-one time with people, in their rooms, to help prevent them from becoming socially isolated.

- Many people living at the home frequently needed to be physically comforted and re-assured. We observed staff interaction with people was very good and they responded to meet people's emotional needs if they became upset and needed comforting. One relative said, "Staff are always willing to support people emotionally by providing the physical comfort they need."

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Relatives told us they would be confident to speak to the provider or a member of staff if they were unhappy.

#### End of life care and support

- The service often provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed. One relative said, "Very happy with the care being provided. All staff are very helpful. I have been provided with PPE so I can visit safely and still see my spouse at the end of their life."
- As people neared the end of their life the service sought support from GPs and district nurses.
- People's views on the support they wanted at the end of their lives was discussed with them. For example, where people expressed a wish not to go into hospital and be cared for at the end of their life in the home. This was recorded and respected.

# Is the service well-led?

## Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to establish satisfactory governance arrangements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had not had a registered manager since the beginning of April 2020. At that time the registered manager left and the current manager took over the day-to-day running of the service. The current manager, who had previously been a registered manager at this service, advised us they intended to apply to be the registered manager but had not made an application at the time of this inspection.
- The monitoring and auditing systems had improved since the last inspection. This was seen in the improvements in relation to risk management, care plans and how consent was sought. However, these improvements were still being embedded and had either not identified, or not yet addressed, the gaps in medicines recording reported on in safe.

While we found no evidence that people had been harmed, satisfactory governance arrangements had not been embedded. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- Roles and responsibilities were defined and understood. The manager was supported by a deputy manager, both of whom were nurses, and care staff. A new role of care co-ordinator had recently started, and this role had been created specifically to support staff and monitor the quality of the care provided to people.
- Staff spoke positively about the new manager and how the management of the service had improved. They told us they felt valued and were well supported. Comments from staff included, "We are very lucky."



The manager is very good at having a good skill mix of different staff on duty" and "Good rotas have made all the difference to staff morale and how people are cared for" and "Lovely and caring home."

- Important information about changes in people's care needs was communicated at staff handover meetings each day.

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

- Since starting in April 2020, the manager had prioritised spending time supporting staff. They had worked alongside staff to develop a more positive culture and boost staff morale. Our observations and feedback from relatives and staff showed this approach had been successful and had resulted in people receiving more personalised care.

- Relatives told us, and we observed, that staff had good relationships with people and they were treated well. As one relative said, "The care is really good, I can only compliment the staff, they always have time for people."

- Staff demonstrated commitment to their roles and had built positive and caring relationships with people.

- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

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 provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.

- The provider had notified CQC of any incidents in line with the regulations.

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- Questionnaires were regularly given to people's families. The responses to questions from the most recent survey, carried out in April 2020, were either good or excellent.

- Staff had regular one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.

- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Following the last inspection more robust auditing systems had been introduced and these were still being implemented. The effectiveness of these systems were being continuously evaluated.

- Since the last inspection the service had worked closely with the local authority to bring about improvements. The Quality Assurance Team at the local authority had completed and closed their action plan with the service as they were satisfied that required improvements had been made.

#### Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.