

Eastgate Care Ltd

Park House

Inspection report

Cinderhill Road
Bulwell
Nottingham
Nottinghamshire
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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

Park House is a residential care home providing personal and nursing care to 46 people (with three people inpatients in hospital on the dates of inspection) aged 59 and over at the time of the inspection. The service can support up to 68 people. Some people residing at the service were living with dementia or related conditions.

The care home accommodates people in one large well adapted building, set over two floors with lifts to allow full accessibility for people. It has a large communal lounge and a separate bright dining area for people, with access to a well-maintained accessible garden area with outdoor seating. Smaller lounges were provided for people to watch television or for having private meetings with their family or professional visitors.

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

People received caring and effective person-centred support from staff who were motivated and led to provide the best care they could. Staff supported people to make decisions for themselves and engaged with people about their wishes and preferences.

Staff were proactive in supporting people to maintain as much independence as possible. People were able to live healthy lives. People and relatives felt they were partners in their care and encouraged to make decisions about this.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. 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.

The service was led by a registered manager and a dedicated staff team who were committed to delivering a service which improved the lives of the people.

The registered manager led a team of well trained staff to provide a high quality of care and support to people.

People received highly effective support with their health and social care requirements, through good diet and nutrition, and a multi disciplinary approach to all of their care and support needs.

The service was in the process of being refurbished by the committed provider to a high standard, which supported people to live well with dementia or sensory loss.

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

Rating at last inspection

The last rating for this service was Good (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Park House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The first day of the inspection was carried out by one inspector, a Specialist Advisor Nurse, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The second day of the inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

The service had a manager 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

This inspection was unannounced.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group, Nottinghamshire Fire & Rescue Service and other

professionals who work with the service. We contacted Healthwatch for information they held on their database relating to the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the managing director, the operations and compliance manager, registered manager, nurses, senior care staff, care staff, the activity co-ordinator, maintenance person, domestic staff, administrator, and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two visiting professionals who were present at the service during the time of the inspection to gain their experience of the service.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. 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 looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. One person told us, "I am safe. Staff here are good and kind." A relative told us, "Oh yes, my relative is safe. The set up and staff here are very good. My relative uses a walker and a wheelchair. They are lifted safely and have a bedside alarm and sensor mat to alert staff at night."
- People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the registered manager and were confident action would be taken if they raised a concern. They also knew about external agencies they could report to, which included the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments undertaken included mobility, falls, nutrition and hydration and skin integrity. Where people were identified at high risk of skin breakdown, pressure relieving mattresses and seating cushions were being used. We checked that these were at the correct settings for people and well maintained, and found that they were.
- Where people experienced periods of distress or anxiety, staff responded effectively and with compassion. For example, we saw that some people became very anxious at periods during the day. Staff spent time gently and sensitively reassuring and comforting these people both with verbal and physical contact.
- The environment and equipment were, clean, safe and well maintained. Emergency plans were in place to ensure people were supported safely in the event of a fire.

Staffing and recruitment

- Staff were not rushed during our inspection and acted quickly to support people when requests were made. The atmosphere at the home was busy but pleasantly relaxed. Some people and staff raised concerns about the use of agency staff. We reviewed the staff rotas and discussed this further with the registered manager and compliance manager. Their information indicated that there had been a period of change in the staff team and that ongoing recruitment was currently in place to address this. We saw that staffing accurately reflected the needs of people as required by the dependency tools and risk assessments used by the service.
- People and relatives said there were enough staff to meet people's needs. Call bells were monitored daily to ensure people were attended to promptly when they wanted something. One person told us, "There are enough staff. If they are busy, then I may have to wait a bit." One relative told us, "I visit during the day and

see plenty of staff about. If my relative calls for staff, they will come within a few minutes." Another relative said, "I've seen staff respond quickly to calls. They are on the ball and look after people."

Using medicines safely

- Medicines were safely managed by staff who administered them to people at the prescribed time. One person told us, "I get them [medicines] from the nurse and swallow them. No problems."
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and where necessary were undertaking refresher training. They wore a red tabard advising other staff not to disturb them to minimise the risk of errors.
- Medicines administration records were checked after each medicine round so any errors could be quickly addressed to reduce the risk of a person missing their medicine. We saw there were robust reporting systems for any incidents or errors.
- There were suitable arrangements and protocols in place for ordering, receiving, storing and disposal of medicines, including controlled drugs and medicines to be taken 'as required' PRN.
- Medicines were audited regularly with action taken to follow up any areas for improvement. We identified a concern in relation to the safe application of topical creams for a person, which was immediately addressed during the inspection by the compliance manager and the Specialist Advisor who was part of the inspection team. We were assured by the actions taken and the implementation of the more robust monitoring system that was implemented following this.

Preventing and controlling infection

- People lived in a home which was clean and well maintained. Comprehensive cleaning and maintenance schedules were in place to help ensure these standards were upheld.
- There were gloves, aprons and gel dispensers around the home for staff to use. We observed staff using the correct protective equipment, such as gloves and aprons when providing personal care or serving food. This helped to protect people from the spread of infections.

Learning lessons when things go wrong

- Staff had recorded accidents, incidents or concerns and the actions they had taken. They had a clear understanding of how to keep people safe and their responsibilities for reporting. The registered manager and senior staff reviewed these records to ensure lessons could be learned. Learning was shared amongst the wider staff team at staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual health and social care needs were assessed before they arrived to live at the service.
- Assessments were person centred and comprehensive, and people's individual care and support needs were regularly reviewed and updated with the involvement of their relatives, friends or advocates.
- Care records were regularly reviewed by senior staff and were updated when changes occurred. This meant people's support records were up to date, ensuring they received the right care and support.

Staff support: induction, training, skills and experience

- Staff had received extra training in subjects which enabled them to support people to live healthy and happy lives, for example; working with people with challenging behaviours, dementia awareness training, and training on specific equipment to move and support people effectively. One person told us, "Staff use a sling to lift me. I can understand what they are saying to me." A relative said, "Staff are skilled and really good. They are very kind."
- Staff told us they worked alongside more experienced staff to get to know people as part of their induction.
- We saw that senior staff were due to attend a regional conference in early 2020 entitled 'Time to Talk Teeth', which relates to the importance of good oral health care for people living in care homes.
- Systems to ensure staff had received appropriate training were robust and staff were confident they had the skills and knowledge they needed.
- Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.

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

- People received food and fluids which met their nutritional needs. People said they liked the food and could make choices about what they had to eat. Comments included, "The portions are good with a good balance of vegetables and meat." And, "The food is good. I like yoghurts. Staff ask me what I want."
- People's dietary needs and preferences were clearly documented in the kitchen and in their care plans to inform the cooks and staff. The cook spoke of their passion for supporting people effectively with good nutrition and how involved they were at managing people's weight and overall health as part of the staff team.
- Lunchtime was observed to be a pleasant, sociable experience. People were provided with adaptable

crockery or cutlery if required. People ate at their own pace and were assisted discreetly if required. We observed excellent interactions between staff and people during the lunch period.

- People were regularly weighed and in the event of any weight loss, action was taken to implement nutritious supplements and referral to appropriate health professionals for support.
- The service had a four week menu providing nutritious meals which were reviewed following feedback from the residents and relatives questionnaires. The menu's were provided in a pictorial format for people who may have difficulty with reading.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. One relative told us, "My relative had a chest infection and the doctor came here and gave antibiotics. Staff phoned me at home to keep me informed."
- The service utilised the locally provided 'Telemedicine' service, which allowed them to share immediate concerns with the GP practice via a television screen. This enabled prompt attention and treatment for people in the residential unit, who showed signs of potential infection or pressure sores to be identified and treatment at the earliest opportunity. The registered manager told us how they found this innovative approach particularly reassuring and we saw evidence that people had received timely interventions in their clinical care requirements.
- Referrals were made promptly to external professionals and people's care and support plans were updated to reflect this.
- Care records showed that people had access to, dentists, chiropodists, opticians, tissue viability service, dieticians, physiotherapists and the care homes nursing team. A relative told us, "The doctor has been. The psychiatric nurse is coming to see my relative. We have requested the dentist and optician to come. They have seen the hairdresser."

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

- The service was purpose-built, light, airy and in the process of being fully re-decorated. We discussed the refurbishment programme with the registered manager and compliance manager. The building was being decorated and re-carpeted, as part of the planned upgrade.
- The service included appropriate signage to support people living with dementia and limited vision. The registered manager and compliance manager explained to us how the newly refurbished home would look once completed, and all signage and furnishing items were in place, and we were assured by this.
- People's rooms were personalised with their own items of furniture, ornaments and pictures.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Mental capacity assessments were completed appropriately. Where consent was required to support a person with personal care or medications, a mental capacity assessment and best interest decisions had been made in consultation with the appropriate people involved.
- The registered manager and senior staff had a clear understanding of their responsibilities in relation to DoLS. Appropriate DoLS applications were in place for people having their liberties restricted and authorised DoLS were monitored and any conditions added to people's care plans.
- Where people did not have the capacity to make decisions, they 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.
- People's care plans had clear documentation of any relatives with power of attorney to ensure they had the legal authority to make decisions.
- Staff showed they had a good understanding of people's right to make unwise decisions when they had the capacity to do so.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw that staff spoke to people with kindness and compassion. They were attentive, caring and there were lots of positive interactions with people. For example, while two staff were supporting a person to move with a hoist, the person became anxious and we saw the staff were quick to reassure them; with one saying, "Second floor, going up", which made the person laugh, thereby making the experience less stressful for the person.
- People commented on how important their relationships were with staff. One person said, "Staff are friendly. They talk and listen to me." A relative told us, "The staff look after people professionally. They seem to know the people they are caring for. My relative is being well looked after. I can't ask for anything else."
- People's relatives and friends were able to visit whenever they chose. The service operated an open door policy. Relatives told us they were made very welcome in the home. We saw they were offered drinks when they arrived and were greeted by name by the staff. One relative said, "Staff are caring and compassionate. I've seen them put their arms around someone to comfort them."

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

- Staff knew people well and understood their individual likes and dislikes. They consistently told us they wanted people to be cared for as they would wish a relative of theirs to be cared for. People and their relatives told us how the staff knew them well and used this information when they provided care. They told us, "Yes, the staff know me. They just chatted to me and got to know all about me."
- People were encouraged to make decisions about their day to day care and routines wherever possible. Staff were observed asking people for their consent before any care was offered or delivered. For example, taking a person to the toilet or asking people what clothes they wanted to wear that day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. Staff knocked on people's doors before entering their rooms. One person said, "All staff respect me and are polite."
- People's wishes to spend time in their rooms or to have private time alone was respected by staff. People who chose to remain in their rooms were regularly checked by staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way. For example, people had been asked about their 'hopes, dreams and aspirations for the year ahead'. This showed that staff had spent time with people talking and listening to what they wanted to achieve. The activities listed varied from spending time watching TV and walking in the garden watching the birds, going to football matches, reading books, to going out shopping and spending time with family and friends.
- People benefited from personalised care that valued them as individuals. People could choose when to go to bed, when to get up and how they wished to spend their day. One person said, "Staff come along, ask my likes, do what I need. I'm happy with that."
- People's needs were assessed before they began to use the service and were reviewed regularly as their needs changed. Their support was planned in partnership with them and their families or advocates in a way that suited them. One person said, "Staff are very friendly, they care for me. I'm happy here." One relative told us, "The staff talked to me about my relatives likes and dislikes. They asked about their past and asked which room we would like when we came here."
- Copies of care plan reviews were held in a people's files, so staff could access information about changes to people's individual care and support needs. For example, a person's oral care needs. People had hospital 'passports' to enable clear guidance if they were admitted to hospital in the event of an emergency. We saw that best practice guidance was used in care plans for staff to refer to, for example in relation to the management of diabetes, tissue viability and the use of the 'This Is Me' Dementia guide from the Alzheimer's Society.
- Staff communicated effectively as a team. They received a handover before each shift to ensure they were aware of any changes and regularly interacted throughout the day to share information.

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

- People had access to a range of activities within the home and the local area. At the time of our inspection the service was working regularly with a group from the local Disability LIFE Centre. This group of young adults living with learning disabilities visited the service each week to talk with residents and engage in social activities individually and in groups. This activity was facilitated by the full-time activity co ordinator with the service, who planned and organised a range of weekly events. We observed some wonderful interactions between this group and people living at the service as they made Christmas decorations and

sang carols together. One person said, "A lady was singing a carol and so the group all joined in."

- The service was involved with local schools to encourage inter-generational engagement for people who may have limited contact with their family. The operations and compliance manager spoke of how important this was to embed the service into the local area as many people had grown up locally and had knowledge which they felt it was important to share with the younger generation.
- People's faith and sexuality needs were fully considered by the service. We saw that these had been discussed with people and documented in their care plans. A local church visited the home to conduct services for those who sought pastoral and spiritual care. People who had other faith requirements were fully supported by the service.
- People told us they enjoyed activities or having staff spending time with them chatting. Photographs of events that had happened were displayed around the home and provided a talking point for people and their families.
- Appropriate equipment was available to support people who found engaging with others challenging due to living with dementia.

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 had been fully assessed and details of any specific needs were recorded. Information about the use of glasses and hearing aids, which enhanced people's communication, was recorded. We saw that people had regular appointments with optometrists and at the hearing aid clinic recorded in their care plans. An optician visited the service regularly.
- People had access to the service user guide and complaints policy in other languages and large print if they required this. We saw that following a stroke which had left them with difficulty in communicating verbally, one person was using picture guides to communicate their needs with staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available and visible to people and visitors.
- People and relatives knew how to make complaints should they need to. One person said, "I have no complaints. If I did, I'd go to the manager." A relative told us, "No complaints. If I did have one, I'd go to the carers or the manager in the office."
- The outcome of concerns and complaints was clear and had been cascaded amongst the staff team to ensure that learning was shared and any improvements to care standards were implemented.

End of life care and support

- People were supported to make informed decisions and asked about their preferences for end of life care. Their wishes and feelings were recorded in their care and support plans regarding how they wished to be cared for as they neared the end of their life. People were supported to remain at the service at the end of their life, in familiar surroundings, supported by staff who knew them well.
- Staff had received training in end of life care and bereavement awareness and were skilled and experienced in palliative care, they showed a clear understanding of people's needs. One member of staff told us, "I feel it is a privilege supporting someone to have a 'good' death, doing my very best for somebody at that time." The service had a staff 'champion' for end of life care, who supported the team in this aspect of people's care. They had been instrumental in helping the service to achieve the gold award framework standards for end of life care.
- When required, staff ensured appropriate medicines were available for people nearing the end of their life,

to manage their pain and promote their dignity.

- The registered manager and staff team in the home had received numerous cards from families acknowledging their kindness, thoughtfulness and compassion when people were at the end of their lives. The compliance manager explained how they continued to provide pastoral support to family members once their loved ones had passed away, and were still in touch with some families who would be attending the upcoming Christmas carol concert.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- The service was led by a motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The service's values of continuous improvement were clear for people and relatives to see and feel. These were delivered by the commitment of the whole staff team and the results felt by people receiving their support. People told us they felt the service was well managed, one person said, "The home, its run brilliantly."
- The registered manager of the service was proactive in their approach to people's health and wellbeing. We saw effective interventions that had resulted in positive outcomes for people. For example, a visiting health professional we spoke with told us the team had been proactive in identifying a deterioration in one person's mood and had made timely referrals to their team.
- The staff team were committed to ensuring person centred care and robust systems supported this. The daily meeting of senior staff ensured issues that were arising were addressed with the goal of people experiencing high quality care.

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

- The registered manager had a robust governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement. This was monitored by the compliance manager who undertook regular quality assurance visits to the service. The results of these audits were provided to the registered manager and reviewed with the provider regularly. We saw that actions were taken in a timely way. The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC and the local authority of incidents at the home.
- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents.
- People and their relatives told us that the registered managers and staff team were always open, transparent and honest.

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

characteristics

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. A complaints and concerns policy was on display in the entrance hall. People told us there were regular meetings at the service that the registered manager and staff attended. Surveys were being sent out regularly to people, relatives, staff and other stakeholders to gather feedback about the quality of the service being provided.
- People's views were listened to, and improvements made when required. One relative told us, "I only had a concern about food and I was listened to." Another person told us, "I always just tell them if they've done good. I do get an agenda about what's coming up (for meetings), but I've not been to a residents meeting."
- Staff told us and we saw that there was a strong team ethos that was present. They were enthusiastic about the plans and ambitions for the service of the registered manager. One member of staff told us, "Yes, they (Manager) are very approachable." Another member of staff told us that the regular staff meetings, "Give everyone a chance to say what we think."

Continuous learning and improving care; Working in partnership with others

- One visiting health professional we spoke with told us communication with staff was excellent, and that any direction or clinical advice given was always followed. The registered manager was actively seeking to work with other organisations and individuals to improve the quality of care or find new training opportunities for staff. We saw that the service had accessed independent advocacy support for people who had no family or friends to act on their behalf or in their best interests.