

Wells House Limited

# The Lawns Nursing and Residential Care

## 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

We carried out this unannounced inspection of The Lawns on 18 October 2016. The last inspection of The Lawns took place on 7 January 2014. The service was meeting the requirements of the regulations at that time. The Lawns provides nursing and residential care for up to 31 people some of whom are living with dementia. Bedrooms were situated on the ground and first floor and there was a stair lift and passenger lift available. The home is situated in the small town of Brixton on a main road on the outskirts of Plymouth and close to public transport networks. At the time of the inspection there were 29 people living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how medicines were managed and administered. We found people were receiving their medicine as prescribed. However, the first administration round was observed to take most of the morning to complete. This was because some people needed more time and support to take their medicines. The nurse responsible told us "Some days are quicker than others". The registered manager had made arrangements for pain relief and other essential medicines requiring administration in the morning to be administered at 7am. This meant people were having their medicines when they needed it. Records showed these medicines had been administered at the times prescribed. Regular medicine audits took place to identify they were being administered as prescribed and were safe.

At the time of the inspection work was taking place to repair a boiler which had affected the supply of hot water in parts of the home. Staff were managing to work around this and there was limited disruption. Staff were able to use alternative measures to heat water and the contractor confirmed the repairs would be completed in the next few days.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

Staff were visible in all areas of the service throughout the day. There were enough staff to spend time with

people in addition to providing personal care. People told us "Never have to wait long before someone comes" and "They look after me well."

Some people had complex needs and were not able to tell us about their experiences, but other's told us they were very satisfied with the care and support they received living at The Lawns. Relatives told us, "They (people using the service) are being looked after very well" and "They (people using the service) are being amazingly well looked after."

People's care and support needs had been assessed before they moved into the service. They included risk assessments to ensure people's safety. Care records included details of people's choices, personal preferences and dislikes.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

Staff were supported by a system of induction training, supervision and appraisals. Staff received training relevant for their role and there were good opportunities for on-going training, support and development.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition. People had a choice of meals and relatives said they often had snacks and drinks outside of meal times. The cook had information about people's dietary needs and special diets. Staff supported people to eat meals where they needed help. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People told us they knew how to complain and would be happy to speak with a manager if they had any concerns. Families and staff felt they could raise any concerns or issues they may have with the manager, who they said was approachable. People told us they felt their views and experiences were listened to.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits and meetings with all stakeholders of the service. Response from this monitoring showed that there was overall satisfaction with the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People told us they felt they or their relatives were safe living at the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

Staffing levels were good with an appropriate skill mix to meet the needs of people who lived at The Lawns.

### Is the service effective?

Good ●

The service was effective. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS).

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. There were systems in place to help

ensure staff were kept up to date when people's needs changed.

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

People told us they knew their comments and complaints would be listened to and acted on effectively.

**Is the service well-led?**

**Good** ●

The service was well-led. Systems and procedures were in place to monitor and assess the quality of their service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

# The Lawns Nursing and Residential Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 18 October 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

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 a range of people about the service. They included the registered manager, ten staff members, ten people who lived at The Lawns and seven relatives. Prior to and following the inspection visit, we contacted seven professionals who were involved with the service for their views and had responses from five of them.

We looked at care records of three people who lived at the service, staff training and supervision records, arrangements for meal provision and records relating to the management of the home. We also looked at medicine records. We looked at recruitment procedures and checked staffing levels. In addition we toured

the building to check it was clean, hygienic and a safe place for people to live.



## Our findings

Some people using the service had limited verbal communication. In these instances relatives and friends were spoken with. People told us they felt they or their relatives were safe when being supported with their care. Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. Comments included, "I have been coming here for a long time and (person's name) always says they are settled and we leave knowing they are safe" and "They (staff) have done such a good job. There are always staff around to help."

Medicine records were complete and accurate. Registered nurses maintained responsibility for medicines which required tighter controls. They were also responsible for collating and receiving medicines into the home as well as managing all returns. There were suitable storage facilities for medicines to make sure they were stored safely. Some people were prescribed creams and staff made sure they were dated when opened. This meant staff would be aware of the expiration of the item when the cream would no longer be safe to use. The service held medicines that required stricter controls by law. We checked the stock held against the records kept for one person and they tallied.

We looked at how medicines were managed and administered. We found people were receiving their medicine as prescribed. However, the first administration round was observed to take most of the morning to complete. This was because some people needed more time and support to take their medicines. The nurse responsible told us "Some days are quicker than others". The registered manager had made arrangements for pain relief and other essential medicines requiring administration in the morning to be administered at 7am each day. This meant people were having their medicines when they needed it. Records showed these medicines had been administered at the times prescribed. The registered manager told us the round had started late due to a longer than usual handover with the registered nurse. However they did agree to look at ways to improve the time spent administering morning medicines. For example, they agreed a senior care worker might support the registered nurse in the administration of medicines.

At the time of the inspection, work was taking place to repair a boiler which had affected the supply of hot water in parts of the home. Staff were managing to work around this and there was limited disruption. Staff were able to use alternative measures to heat the water and the contractor confirmed the repairs would be completed in the next few days.

Staffing levels in place were based upon the dependency levels of people using the service. In order to ensure they were accurate the registered manager reviewed staffing levels weekly using a 'dependency tool'.



Dependency tools are used to calculate the number of hours required for nursing and care. There had been an increase in care staff in recent months which meant three care staff were available on both the ground floor and first floor. A staff member said, "We (staff) put it to the manager and owner that we needed an extra care worker on each floor and they agreed. It's made a big difference."

Rotas showed there was a skills mix of staff on each shift. Care staff were supported by a registered nurse throughout the 24 hour period. Ancillary staff, including kitchen and domestic support were also employed as well as a caretaker for general maintenance.

Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

Staff told us they had received moving and handling training and they felt competent when using equipment to support people. We observed several occasions when staff assisted people with mobility problems. People were assisted safely and appropriate moving and handling techniques were used. The techniques used helped staff to minimise the risk of injury to themselves and the person they supported. People looked comfortable when being transferred. It was stress free and dignified.

Care files included risk assessments and measures staff should take to minimise risk. For example, the use of bed rails and reducing the risk of pressure ulcers. Where people had been identified as at risk from falls, the records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way. Staff told us the risk assessments were clear and informative. They were reviewed regularly by the registered manager. Where changes had taken place they were evidenced in the increased level of support required and this was communicated to staff through handovers and daily records.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

There were systems in place to manage health and safety in the service. Fire alarms and equipment were checked by staff and external contractors to ensure they worked. Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe. The gas contractor had recently changed and they were in the process of repairing the boiler before they issued a gas safety certificate.



## Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. When talking with staff we found many had worked at the service for several years. One staff member said, "Worked together for a long time. Some have gone and come back. It is a good team." Healthcare professional's comments included, "Staff are willing to follow any advice or instruction we give." "All very professional" and "Staff are good at communicating with us and letting us know if someone needs more support."

The registered manager told us all staff completed a training programme and that this began shortly after the induction. There was evidence of all new staff going through a health and safety induction included familiarisation with the services policies and procedures. It also incorporated a period of working alongside more experienced staff until such a time as the staff member felt confident to work alone. Not all staff had signed to say they had received the first day induction. When this was pointed out to the registered manager they agreed to ask the staff members to sign. One new member of staff said, "I have time with the manager and learnt about fire safety, infections control and the aprons and gloves. I have been encouraged to enrol on a health and social care diploma course. It's all happened quickly." The registered manager told us they enrolled care staff on health and diploma course's as this was more structured than the current care certificate. An external trainer was visiting and told us they worked with all new staff to complete their diplomas.

The training matrix identified all staff employed and the range of training they had undertaken. It also identified the dates of training taking place and when it was due. There were posters in the office giving staff three optional dates to attend moving and handling training. Staff told us, "Training is very good here" and "You always get reminded when training is due. I am booked onto one of the moving and handling course that is coming up soon." Most staff members had achieved national care qualifications. Certificates for these were displayed around the entrance area. A staff member told us, "We are proud of what we have achieved." This demonstrated the provider was committed to helping ensure staff had the necessary skills to support people in their care.

Staff told us they felt supported by management and they received regular individual supervision. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role, responsibilities and talk about training opportunities. A nurse and three members of the care team told us they felt very supported by the registered manager. One said, "Supervision is a good way of talking about how I am doing in my job and what training is available to me."

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. Capacity assessments were considered in care records where appropriate. Consent was sought by staff from people, for all care and support provision.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person had. Another person had been assessed for bed rails in order to make them safe when in bed. Whilst this was reported in the risk assessment a mental capacity assessment had not been completed to establish if the person was able to consent to this or not. The registered manager agreed the process needed to take place soon in order to safeguard the person from harm and was proportionate to their needs and human rights.

We observed the lunch time period in one of the dining rooms. Some people needed to have their meals pureed due to swallowing difficulties. The cook showed us how these meals were presented. They were visually appealing. This presented the person with a plate of different coloured foods which was more attractive than pureeing the whole meal together. People told us they liked the meals and the choices available to them. They told us, "The food is pretty good," "We get lots of fruit juice to drink, my favourite is tea. They (staff) will bring it if I ask" and "They always have cake in the afternoon and its baked here. My family love the cream teas."

Observations made during the lunchtime meal showed people were shown respect and consideration if they required support with their meal. A carer held a person's hand to reassure them when supporting them with their meal. Some people had to wait some time for their meal to be served. When we spoke with the registered manager about this they told us it was due to the people needing support being served first, so they had dedicated time. Other people, who did not need the same level of staff support, usually came into the dining room earlier than they needed to, but acknowledged that was their choice.

The cook was knowledgeable about people's individual needs and likes and dislikes. The cook spoke with people every day about what their choices were for the following day. They told us it was also a time when some people shared their views on the food they liked and didn't like. The first floor dining room had its own kitchenette where breakfasts and simple snacks could be prepared.

Each person had their own daily file with an overview of their likes and dislikes in respect of food. Care staff also recorded what people had eaten and drank. The registered manager said this showed any patterns or trends especially when there were changes in people's appetite. The information indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when necessary for people's well-being. There was nobody on a daily monitoring chart at the time of the inspection.

The environment comprised of the original house and a more recent extension. Rooms were bright and personalised. For example some people had items of furniture they had brought with them. There were ornaments and photographs which clearly meant a lot to some people. One person enjoyed telling us about the people in the photographs who were important to them. One of the bathrooms was not in use due to people finding access to the bath difficult. Instead they used another bathroom with adaptations and a 'wet room' which staff said people preferred. There were a number of items in the unused bathroom which

required better storage. For example continence equipment and aids. The registered manager told us work was taking place to add a storage area which would resolve the situation. People were able to access the first floor using a passenger lift and/or a number of stair lifts along a split level staircase in the original property.

There was a conservatory off the ground floor lounge. This was signposted, 'The Lawns Tea Room'. The idea was for afternoon teas to be served on cake stands and with china tea cups. It was decorated in the style of mid twentieth century, with pictures of celebrities from that era. The registered manager and staff said it was a room which was also used for visitors to take afternoon tea with their relative. Staff said it was a nice room and popular with people especially visitors.



## Our findings

People said staff were supportive and helpful. They told us they were happy and satisfied with the level of care they and their relative received living at The Lawns. A relative told us, "They (staff) are so patient. We couldn't ask for more." A person using the service told us, "I mostly have the same carer. This morning carer was very nice." A staff member said, "The clients come first." A professional said, "The care the patients have received has always been excellent."

A number of relatives and friends visited the service during the day of our visit. They told us they were welcomed at any time and had no restrictions for visiting. Comments from relatives included, "Always made to feel welcome," "Visiting hours are open" and "Can visit every day and confirm he is well."

We observed staff to be caring and attentive in the ways they supported people. For example staff members regularly engaged with people on a one to one basis when they wanted attention or showed signs of anxiety. We observed staff giving people reassuring hugs when they were anxious and sitting down talking with them. Staff could be seen kneeling or bending down to make sure people they spoke with were at eye level. Questions or requests from people were handled appropriately and in a kind way by staff. People did not have to wait for staff to respond to any requests for assistance. Staff explained what they were going to do before attempting any tasks or supporting people with eating and drinking.

Staff were respectful and protected people's privacy and dignity. For example when people were being supported to move around the service staff spoke sensitively and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

We observed staff spent time with people who lived at the home. During the day we witnessed examples of the caring attitude from staff. For example during our SOFI session one person was unsettled and looked anxious. A staff member who entered the lounge immediately took control of the situation. They sat with the person for a while comforting them. The staff member was at no time rushed and after calming the person down, suggested having a drink which the person responded to positively. Throughout the day we observed people who lived at the home were able to make decisions for themselves. For example when people chose to have a drink, or sit in different areas of the lounge and dining area. We also observed routines within the home were relaxed and arranged around people's individual and

collective needs. Some people chose to use their rooms at different times of the day and were supported to do with the support of staff.

Families told us said they were involved in decisions about their relatives care and treatment. Care records showed where people had been involved. Three relatives told us they were encouraged to express their views about how their relatives care and support was delivered. One person said, "I have been involved at all times and feel my views are taken into account." Care records contained information about people's current needs as well as their wishes and preferences.

Daily records described the support people received and activities they had been involved with. The records were informative and helped us to identify how the registered manager and staff supported people with their daily routines. There was evidence regular reviews were taking place and where possible relatives were involved.



## Our findings

The registered manager and staff were knowledgeable about people's needs and how to respond to them. Families told us the staff responded to their needs and they said they were looked after their relatives well. Comments included, "Always clean and tidy with a shirt and tie. Was always very proud of his appearance" and "Staff always tell me if there is a change or (person's name) has needed to see the doctor."

People who wished to move into The Lawns had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and carried out all pre admission assessments whilst liaising with other health and social care professionals. Comments from professionals told us they thought the manager acted in a professional way and communicated well with them. One said, "We have a good working relationship with The Lawns."

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatted knowledgeably to them about their family member. The registered manager was made aware a family member would be visiting the service and was travelling some distance. They arranged for them to have a meal with their relative when they arrived.

The service had arrangements for people to sleep over if their relative was poorly. One person told us staff had been very good when their relative was receiving end of life care. They told us, "The staff kept me informed all the time. The nurse rang when (relative's name) health deteriorated and advised I come to the home. So glad she did because I was here at the end and it meant a lot." A professional told us, "Visits have been requested appropriately and terminal care has been handled very well." A staff member said, "Visitors can stop overnight, we have recliners and bedding available."

Throughout the day staff were available in numbers to respond people's needs. Where people required two staff to support them this was met. Staff members had the time to sit with people and talk with them. Examples of good practice were seen throughout the inspection visit. This included, staff supporting people to mobilise with the use of mobility aids. Staff were available to people who became distressed and needed time to communicate their thoughts. Where people were at risk of falling, staff were able to respond in a sensitive and caring way to support them. Where people needed support to eat their meal staff had the time to sit with them so they were not rushed.

There were examples where the registered manager and nursing staff had responded to changes in people's

needs. For example, when a person's health had suddenly deteriorated. Staff responded by seeking urgent medical advice and support. This resulted in the person receiving a quick diagnosis and the level of support being provided by nursing staff, meant a hospital admission had been averted. Where people required additional support from specialists including dieticians or physiotherapists, referrals had been made and responded to.

Care plans were detailed and informative with clear guidance for staff on how to support people. The records contained information on a range of aspects of people's support needs including mobility, communication, continence, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date.

Daily records were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. The daily records covered people's mood, their social and physical activity and any visitors they may have had.

Risks associated with people's individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas including falls, communication, capacity and responding to hydration and nutritional risk. Where people's weight had fluctuated there was evidence the service had acted upon it.

The service had a dedicated 'activities co-ordinator' who worked at the service for periods during the week. There were a range of activity games including floor skittles, board games and crafts. In addition there were regular entertainers who visited the service. There were a range of publications called 'Daily Chat' on the hall table. They focused on news from specific years which particularly supported people with dementia conditions. It also included a small quiz, a poem and interests from the year in question. Staff said it provided a good talking point with people.

People told us they had a choice to join in with events and activities or choose to stay in their room or other areas of the service. One person who lived at the service said, "I generally do what I want to do you don't have to join in with what is going on."

People and their families were given information about how to make a complaint. Details of the complaints procedure were included in information given to people about the service provided. One person told us, "If I had any concerns I would talk to sister or matron." There was a record of a complaint which had been raised and investigated by the registered manager. It was investigated in accordance with the service's procedures and timescales.





## Our findings

Comments received from staff members, relatives and people who lived at the home were positive about the registered manager's organisation and leadership. People told us they had no issues or worries about how the home was run. For example a relative we spoke with said, "I can't think of a better place for (relative's name). Staff said, "Feel very supported" and "Matron always available and we feel well supported."

In addition to their management role the registered manager also worked various shifts as a registered nurse. The registered manager said, "I think it's important I practice my profession, not only to keep clinical practice up to date but because it's a good way to work with the staff and get a feel of what it's like working 'on the floor'."

There was good visible leadership shown by the registered manager. They had a good knowledge of all aspects of the service including clinical practice, staff roles and responsibilities. We discussed the care of people who lived at the home with the registered manager and senior staff. They demonstrated an understanding and an awareness of people's needs and requirements. This was confirmed by talking with people who lived at The Lawns. One person said, "The manager is always around. I usually have a daily chat with her."

Lines of accountability were clear and staff told us they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led. One said, "As a team we work well together and the matron keeps us up to date about what's going on." Two staff told us team spirit was good and that they supported each other. They told us they worked well and staff morale was good. For example they said it was unusual for agency staff to be used because they generally covered shifts if staff were ill. The rota showed this was the case.

The registered manager carried out their own audits that included care plans, medication and the premises. Records showed these were carried out on a regular basis to ensure the service continued to be monitored and improvements made where required.

The registered manager sought people's views in a variety of ways. Staff had frequent informal chats with people about their views of the service. Families told us they felt their relatives needs and wishes were listened to and acted on and they were well supported. The registered manager told us they had an 'open door' policy and they were available to speak with whenever people wanted or needed to. This was confirmed when we spoke with relatives. They told us, "I never leave without being asked if everything is OK

with (person's name)" and "We feel the manager is very good at managing The Lawns. We think the home is well run and organised."

There had been a recent quality assurance survey. It asked people if they were satisfied with the care and support they received living at The Lawns. It also included asking people if they had any suggestions about what they might like to change or improve. The results were very positive and showed most people found the service they received was good. People told us they were very satisfied with the quality of the service they received.

There were no formal staff meetings held but the registered manager said they spoke with each shift and cascaded information on a daily basis. Staff told us they felt informed about what was going on in the service. One staff member told us they had been invited to represent the staff when they met with the registered provider and registered manager. They told us they felt comfortable presenting issues to the management team and felt they had been listened to. They gave an example of how these meetings had resulted in an increase in staffing levels.

The staff had daily handover meetings to discuss the day's events. These meetings discussed people's care and information was shared with staff coming on duty. The meetings kept people informed of any specific issues. For example where a person's health had deteriorated and how their diet had changed. Staff told us these meetings were useful and kept staff up to date with information concerning people. This helped provide the best care for people.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.