

Eden Health Care Services (UK) Limited

# Acorn Lodge Care Home

## Inspection report

Bovington Road, Bezley End  
Beazley End  
Braintree  
Essex  
CM7 5JH

Tel: 01371850402

Date of inspection visit:  
19 February 2018  
23 February 2018

Date of publication:  
16 April 2018

## 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

The inspection took place on 19 and 22 February 2018 and was unannounced. We last inspected Acorn Lodge in June 2017, we found significant shortfalls and the service was rated inadequate.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 9 Regulated Activities Regulations 2014 - Person centred care

Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment

Regulation 17 Regulated Activities Regulations 2014 - Good governance

Regulation 18 Regulated Activities Regulations 2014 - Staffing

Regulation 19 Regulated Activities Regulations 2014 – Fit and proper persons

Regulation 18 Registration Regulations 2009 – Notification of other incidents

Regulation 19 Registration Regulations 2009 Fees

Regulation 7 HSCA RA Regulations 2014-Requirements relating to registered managers

Following the last inspection the service was placed in special measures. Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. We received an action plan from the provider. During this inspection, the service demonstrated to us that significant improvements have been made and is no longer rated as inadequate overall or in any of the key questions. The service is no longer in special measures.

Acorn Lodge 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 accommodates up to 15 people who have a learning disability in one adapted building. At the time of our inspection there were eight people using the service.

The care service has been developed in line with the values that underpin the Registering the right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

At our last inspection, there was a failure to ensure service users were protected from the risks associated with improper operation of the premises including inadequate fire safety systems and processes. A visit was

made by the fire service and the fire safety systems were now adequate.

Since our last inspection, the registered manager and deputy manager had made many improvements.

The registered manager had reviewed and updated risk assessments and care plans to ensure staff were aware of how to support people to remain safe and to be as independent as possible. Staff had received training in safeguarding and they told us they were encouraged to report any concerns about the safety or the quality of the service people received. There was now enough staff to keep people safe. Staff were visible throughout the day and they responded to people's needs in a timely way. Improvements had been made to the checks carried out on new staff to ensure recruitment was robust and safe. People were given support to take their medicines as prescribed. Audits were carried out by senior staff to ensure medicines were managed safely. Staff were observed following good infection control practices to help reduce the spread of infection.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively. Nutritional needs were met and people were supported to access healthcare services if they needed them. People's health needs were closely monitored and any changes to their needs were immediately reflected in their care plans and the care that they received. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were kind and caring and treated people with dignity and respect. People were relaxed and comfortable in the company of staff. Staff knew people well including their preferred method of communication.

Staff supported people to follow their own hobbies, activities and interests. Care plans were detailed and staff regularly reviewed them with the person and family members. Staff worked with and took advice from health care professionals. There were systems in place to support people if they wished to complain or raise concerns about the service.

The registered manager had received support and advice from the local authority and external consultants to review all areas of service provision. This meant effective management systems were now in place from lessons learnt.

## 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.

Staff knew how to keep people safe from abuse. There were systems in place designed to keep people safe from harm.

Medicines, were stored safely, administered appropriately and disposed of correctly.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

People had risk assessments based on their individual care and support needs and improvements had been made to environmental risks.

The service was staffed at an appropriate level to safely meet people's needs.

### Is the service effective?

Good 

The service was effective.

People received care from staff who had received training to meet their needs.

Food safety standards had improved and people's nutritional needs were met.

People's consent was sought in line with legislative frameworks to ensure their rights were protected.

People were supported to access health and social care services to ensure their on-going health and wellbeing was maintained.

### Is the service caring?

Good 

The service was caring.

Relatives were welcome to visit at any time and were involved in planning their family member's care.

Staff treated people with dignity and promoted independence wherever possible.

Staff communicated effectively with people and treated them with compassion and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information to help staff support people in a person centred way and care was delivered in a way best suited the individual.

There was an activities programme in place which reflected the needs and preferences of the people living at the service.

There was a complaints procedure in place.

### Is the service well-led?

Good ●

The service is well led.

The provider had systems in place to regularly assess and monitor the quality of the service the home provided. The provider had met breaches in regulation from the previous inspection.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager.

The provider was now meeting the conditions of their registration and submitted statutory notifications to CQC in a timely manner.□

# Acorn Lodge Care Home

## **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 19 and 23 February 2018 and was unannounced.

This inspection was carried out by two inspectors. Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the registered manager, the deputy manager and two care staff. We reviewed four people's records including care plans and risk assessments. We also looked at four staff files, complaints information, and quality monitoring and audit information. We spoke with two people who were able to verbally express their views to us. Other people had limited ability to verbally communicate their views of the service to us and therefore, we observed how care and support was provided to some of these people. Following the inspection we also spoke with two relatives.

# Is the service safe?

## Our findings

At the last inspection in June 2017, we identified concerns people were not protected against risks which included the management of the premises, fire safety, moving and handling and ensuring access to health care support in a timely way. There were insufficient numbers of competent, skilled and qualified staff available at all times. The provider did not have safe and effective systems and processes in place when selecting and recruiting staff.

At our inspection on 19 February 2018, to check if the improvements had been made, we found significant changes had been implemented in the service to keep people safe and the provider was no longer in breach of the regulations.

We saw a system was in place for the safeguarding of people using the service. Our discussions with the registered manager confirmed they were fully aware of the local authority's safeguarding adult's procedures and the action to be taken to report incidents. A safeguarding policy and procedure was in place. The registered manager told us, "As a result of the last inspection we have changed our approach in every area and would not hesitate to seek advice if needed." Staff said they would not hesitate to report any concerns they had. One member of staff told us, "I am aware of whistle blowing, I would report to the manager or deputy, or go to CQC or the police if I was concerned."

There were comprehensive risk assessments now in place in areas including skin integrity, eating and drinking, falls, moving and handling, swimming, accessing the kitchen, property destruction, excessive eating and verbal threats and abuse. The risk assessments were person centred. Staff understood how to prevent and manage behaviours the service may find challenging and risk plans included triggers, proactive and reactive strategies. This information helped staff to support people as individuals when they became upset or anxious. This meant staff knowledge was up to date and followed the current best practice. We looked at risk assessments related to mobility and pressure care and found these were more detailed and reflected the care and support provided. We saw where the service had asked for advice from an occupational therapist. The guidance recorded in the care plan was detailed and included information related to the hoist and the sling size and type, it also clearly described the method required to move the person including what loops to use.

People had individual personal emergency evacuation plans in place that explained to staff the support people needed to be moved to a place of safety in the event of an emergency situation. This information was kept in an emergency grab folder located close to the main exit. At the last inspection, we had identified concerns relating to fire safety and the information recorded within the fire risk assessment. Following the last inspection the fire service had visited and issued the service a deficiencies notice, the registered manager had responded to these concerns and the service has since been deemed satisfactory by the fire service. The fire risk assessment had been reviewed and regular checks such as fire point testing, emergency lighting and fire drills were up to date. The registered manager had ensured senior staff had received fire warden training and a designated fire warden is on duty for each shift. A full fire safety audit was also completed by an external company to ensure Acorn Lodge was meeting all fire safety regulations.

Health and safety audits were carried out monthly including mattress audits and as a result of these mattress audits several had been replaced. The service was clean throughout and there were sufficient arrangements in place to help ensure the cleanliness of the service. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes. The service had a cleaning rota in place this informed us all areas of the home were cleaned daily. Staff had received training in infection control and the kitchen had been awarded a five star hygiene rating by environmental health. One relative told us, "It is always clean, no matter what time I visit and I visit at different times." The registered manager told us they had just employed a cleaner who was due to start work the following month. The service also carried out a monthly audit and overview of any pressure sores at the service. At the time of our visit there were no pressure sores, we noted a previous pressure sore had been identified very quickly and referred to the district nurse.

At the last inspection, there were concerns staff had a limited understanding of English and rotas were misleading. At this inspection, we found staff we spoke with had very good English and there were enough staff to meet people's needs safely. The rotas we inspected showed this was always the case. The registered manager had maintained staff numbers throughout the day even though they had not admitted anyone since our last inspection. Staff were visible throughout the day and their response to people's needs was quick. Staff spent time talking to people and there were meaningful activities taking place. One staff member told us, "There is enough staff, occasionally there is last minute sickness but the manager and deputy are always happy to help. If people want to go out staff here make it happen." A relative said, "Yes the staff seem to cope well, it is always very calm."

Safe recruitment procedures had improved since the previous inspection and all required documentation and checks were in place. When new staff members were recruited references were obtained and disclosure and barring service (DBS) checks done. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps providers make safer recruiting decisions and prevents unsuitable people from being employed. One staff member told us, "I only started last month, I had an interview with [registered manager] and had to wait until my DBS and references were back."

Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. There was appropriate guidance for the administration of covert medication and medication administered as required (PRN). We saw the GP reviewed covert medicines monthly and regular general medicine reviews were also carried out by the GP. At our last inspection, we found concerns in relation to the temperature of the medicine storage room. At this inspection, the registered manager had now introduced cooling equipment and the temperature of the room and the fridge was recorded to standard.

The registered manager told us that following the last inspection they had looked into every area of the service, they had worked closely with the local authority and acquired the services of independent consultants to support them to improve. The registered manager told us they had carried out a critical analysis of every document, system and process and introduced more robust audits. This demonstrated the registered manager had used information as a lessons learned exercise and was committed to identifying any trends or themes to ensure action was taken to improve the quality and safety for people using the service.



## Is the service effective?

### Our findings

At the previous inspection, not all staff were suitably competent, skilled and experienced to meet people's care and treatment needs. At this inspection, we found people were supported by trained and competent staff. Training was recorded on a matrix and staff attended the provider's mandatory training. This training included medication, first aid, safeguarding, Mental Capacity Act 2005, infection control, food hygiene, fire safety, health and safety and control of substances hazardous to health (coshh). A detailed induction for new staff was in place that included working towards the care certificate. Additional training was now available which was relevant to the needs of people who lived at the service. This included mental health, care planning, continence care, challenging behaviour, person centred care, nutrition, communication, down syndrome, bipolar, end of life, risk assessment, epilepsy, anxiety training, diabetes, equality and diversity, pressure care, dignity and dementia. Staff were now provided with training that enabled them to support people appropriately. Staff working at the service either had or were encouraged to achieve a national vocational qualification. Relatives we spoke with were happy staff had the necessary knowledge and skills to provide the required level of care. One relative told us, "The staff are very good, I am really pleased with the staff that are here."

Staff were happy with the training they received. One member of staff told us, "The induction process enabled me to ease myself into the service. I was able to read policies and procedures at my leisure and work with more experienced staff." Another staff member told us, "I did all the training and was able to read the care plans. I also have read articles related to some of the conditions people have which I find interesting." Supervision was carried out regularly along with direct observation of staff practice. Any outcomes from direct observations were discussed during supervision.

At our last inspection, we had concerns related to food preparation, storage of food and people's involvement in the menus. At this inspection whilst staff continued to cook a member of staff is now allocated to this and was able to do this uninterrupted which ensured the cooking area was kept safe. The provider had introduced pictorial menus and people were able to identify their preferences. People were now included in developing seasonal menu's and helped to create a board for the kitchen that contained information about their requirements and preferences. Food choice was also discussed in resident meetings. We checked the kitchen area and found fresh fruit, vegetables and salad was available for people. The registered manager told us food was ordered on line but people still went out and purchased items of their choice daily. A relative told us, "They have a choice and ask what [family member] wants, it looks presentable."

We observed the lunch service and noted a pictorial menu was displayed so people were aware of the choices available. Tables were presented well with tablecloths, condiments and serviettes, people were asked before clothes protectors were put on. Staff encouraged people to come and eat in the dining room but we noted when one person refused, the staff member organised for them to eat in the lounge using a height adjustable table. We saw one person becoming quite anxious and refusing to eat, staff sat with the person and encouraged them and told us our presence might be making them anxious. We immediately moved and saw the staff member was right and the person did start to eat. We saw staff offer people a

choice of drink and the atmosphere was calm.

Each person had nutritional details in their care plans. The registered manager confirmed staff liaised with health professionals such as GP's, dieticians and speech and language therapists to support people to maintain good health. We saw where additional monitoring was required food and fluid charts were completed. Weights were recorded monthly with clear information about any losses or gains, appropriate referrals were made when any concerns were identified.

At our previous inspection, we found concerns people's access to healthcare services was not always met in a timely way. At this inspection, we found people's records showed what their health needs were and how they should be met. There was evidence advice was acted upon within people's care notes and care reviews. Regular input from health care professionals was given as and when required. People attended the opticians and dentist on a regular basis. Care plans gave details of appointments and outcomes. There were details of regular medication reviews with the psychiatrist. Health needs were discussed in handover so all staff were providing up to date consistent care.

People received care responsive to their needs. Initial assessments were undertaken prior to a person moving into the service then a care plan was produced around the needs of the person. The records were accessible, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people.

Equality and Diversity was part of the provider's training requirements to ensure people were cared for without discrimination and in a way that respected their differences.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted appropriately and CQC had been notified of any authorisations. There was a DoLS overview in place to alert the registered manager when renewal applications were due to ensure authorisations were kept up to date. Staff had been trained in mental capacity and DoLS. One member of staff told us, "This is when we assess a person's capacity related to a decision, we involve the family, other professionals when a decision needs to be made in their best interest."

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Additional signage had been introduced to ensure areas within the service were easily identified. The environment within the home was calm and relaxed staff did not appear to be rushed and took time to talk to people. The service was bright and airy with no odours. There were sensory items attached to walls and around on tables for people to use. For example, a board with different textures was mounted on the wall in one of the corridors. An activity/sensory room was available for people to use with lights, bubble tubes, and music. Outside was a large secure garden, which looked over fields. Information for people around the service was also in a pictorial format to support with their understanding.

# Is the service caring?

## Our findings

We spent time observing interactions between people and staff and found staff were caring and friendly in their approach. We were unable to speak to the majority of people to ascertain their views how staff cared for them due to their limited verbal communication skills. The relatives we spoke with told us, "Staff are very caring." Another relative said, "I am glad [family member] is here and I think they are happy."

People were at ease in the company of staff and staff clearly knew the people they supported and their needs. There was a calm, relaxed atmosphere around the service. Staff spoke to people kindly and patiently and explained what they were doing before providing care. Staff told us allocated time was now available to spend time with people.

Staff we spoke with told us they enjoyed working at the service. One staff member told us, "It makes me happy to work here." Another staff member said, "This place has opened my eyes about very good practice." We saw the service had received compliments about the care and support people received which included, "Very satisfied with the care", and "We are very happy with the care and support [family member] receives."

Observations and records confirmed where possible people were able to express their needs and preferences in their care. Residents meeting were held regularly this was done on a 1:1 basis and gave people the opportunity to discuss their care plan as well as any activities they wished to do. The registered manager also recognised people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained if people required the assistance of an advocate then this could be organised. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. Relatives felt involved in their family members care and thought the service kept them well informed. One relative told us, "They keep me up to date." Another relatives said, "They phone me, or update me when I visit."

There were communication plans in people's care plans which gave some details of the way people communicated. For example, one person used Makaton signs, the care plan did give some detail of how the person used this but the care plan would benefit from more detail relating to exactly what they were able to use Makaton for. The care plan did record on other occasions objects of reference should be used or the person will point to items they want. We also noted the use of a pain assessment tool was now evident in people's care plans.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. Observations of staff within the service showed staff assisted people in a sensitive and discreet way. One member of staff told us "We make sure doors are closed and curtains and explain what we are doing and why."

People were supported to remain as independent as possible. Staff told us how they encouraged people to maintain their independence. One member of staff said, "[Named person] helps with the cleaning, clearing

away and cooking. Wherever possible we try to involve people."

## Is the service responsive?

### Our findings

Since the previous inspection, all care plans have been reviewed and reorganised. Care plans now contained a front sheet that included a summary of important information staff needed to know 'at a glance'. Care plans contained more personalised information to help staff support people as individuals in a way that suited them best. Staff demonstrated a good knowledge of the people they supported and they were able to describe to us how a person's care should be provided in a way that reflected what we had seen in their care plans. Detailed life history information had been completed in conjunction with people and their families. This included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences. People who were important, such as members of their families were invited to review meetings annually. One relative told us, "I have read the care plan and signed it."

Following the last inspection, the registered manager had identified external training for staff so they had a clearer understanding of person centred care. Staff we spoke with were able to give us examples of how they put this training into practice. One staff member told us, "It is about knowing the person, their likes and dislikes and applying it every day. I got to know one person who displays different behaviours, I made sure I knew their routine and I learned some simple Makaton signs to help me communicate better." Another staff member said, "One person takes us a long time, but it is no problem, it takes as long as it takes."

At the last inspection, people did not have a contract in place for people and their relatives which described any additional costs that had been charged. At this inspection we found that people now had contracts in place which provided clear terms and conditions including the weekly fee and where any additional costs might be incurred.

People had activity schedules within their care plan which were devised with their key workers. Activities in house included, puzzles, music, arts and crafts, music therapy, hand massages and photographs of people taking part in activities were displayed around the home. People accessed the community on a regular basis to attend for example, college courses, pottery, and cooking classes. Other activities included swimming, hydrotherapy, bowling, gateway club, trampolining and eating out. People were supported and encouraged to take part in independent living skills, objectives had been set for example, making their bed, cleaning their room with staff support and doing their laundry. Three people had just finished a college course and the service was actively looking for other opportunities in the local area people might be interested in.

Staff told us that every day they followed people's activity plans and they often took people into the local community. One staff member told us, "We will use taxis to go bowling or shopping." Another staff member said, "It does not happen here where people just sit around, people do go out." A relative told us, "They take them out and [family member] is occupied." Another relative said, "My [family member] goes out every day, they go bowling, seaside and swimming, it is very good. Tonight they are having a Valentines party and staff make an effort."

The service had a complaints procedure, which was accessible and in an easy read format. This was also

discussed with people during their 1:1 meeting. The registered manager had also added suggestion boxes in the hallway. No new complaints had been received at the service since the last inspection but relatives we spoke with knew how to make a complaint if necessary. One relative said, "No never had to complain but I would go direct to [named registered manager].

Care plans were in place which recorded people's end of life wishes and staff had received training in this area.

.

## Is the service well-led?

### Our findings

The registered manager was also the provider. At our last inspection, the registered manager had failed to notify CQC of an incident being investigated by the police, as they are required by law to do so. Following the last inspection the registered manager and the deputy manager had attended training to gain a clearer understanding on what events they would need to notify CQC about, how to do this and why. This meant they were now meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events, which the service is required to send to the Commission by law.

The local authority had restricted admissions since the last inspection and the registered manager told us and records confirmed they had not admitted any new people; these restrictions had now been lifted. The service could accommodate 15 people but at the present time 11 people lived at the service. The registered manager told us they only planned to increase their capacity to 14 people to enable them to use more areas as communal areas. The registered manager had split the service into two separate units to enable people to live in smaller group settings with their own lounge areas. The provider had made these changes in an effort to operate in line with best practice as laid out in Registering the right Support and other best practice guidance.

At the last inspection, we found the registered manager had not put adequate arrangements in place when they were taking leave. The registered manager told us a formal handover now took place prior to them taking any leave.

At our last inspection, we found effective audit systems were not in place. We took action by requiring the provider to send us action plans setting out how they would address this issue. During this inspection, we found improvements had been made. The provider had an annual program of monthly audits which were completed. Audits were now included for accidents and incidents, complaints, health and safety, infection control, food safety, medication, supervisions, training, care plans and staff files.

Following the last inspection, the registered manager had sought the support of two external consultants and also worked closely with the local authority. This had given them the opportunity to look at every area of their service in detail. We saw information was now used to monitor for themes, patterns or trends and take appropriate action where necessary.

A dependency tool had been completed for each person at the service so staffing was now based on people's individual needs. A training needs analysis had been carried out and additional training had been undertaken to ensure staff had the appropriate skills required to meet people's needs. A new training provider was now being used to ensure a programme of refresher training was booked throughout the year.

We observed management and staff to have a good rapport. One staff member told us, "I am very lucky, if I need support I can call on [registered manager] and [deputy manager]. I can voice my opinion." Another staff member said, "We are supported, and there are some very good staff here."

We found the registered manager was committed to creating a culture that was more open and transparent. Regular meetings were now held with staff and people that use the service. The registered manager spoke with compassion about the service and told us they had been fully supported by the staff team and valued them for their support. The rota format had been changed and was easier to understand. Following the last inspection the registered manager had held meetings with people that used the service and relatives and sent out questionnaires to make them aware of the outcome of the inspection and the plans in place to improve the service. They had also introduced a suggestion box as another way of obtaining more feedback. This was placed in a communal area by the main entrance so people using the service, visitors and staff all had easy access. Questionnaires continue to be sent out annually. Relatives we spoke with told us they thought the service was well led. One relative said, "I think they manage [the service] very well, it is a very nice place and if it wasn't I would take [family member] out." Another relative said, "I am very happy with the service."

People received improved care delivery because of the involvement and close working partnership between the registered manager and other agencies and health care services. The registered manager had attended training, external meetings and conferences to develop the service and improve the quality of care.