Mrs P M Eales

# Mrs P M Eales t/a Just Homes - 19 Douglas Close

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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
Douglas Close is a small residential care home providing personal care to three adults at the time of the inspection. The service can support up to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People told us that the service they received was "above and beyond" what they ever expected when they moved to a home.

People were encouraged to follow interests and activities that added value to their lives. Staff supported people to do this, as well as put forward their ideas and be involved with the running of the home. People were also encouraged to maintain relationships that were important to them and be involved with activities that matched their interests.

The staff and the registered manager encouraged full involvement from the people living in the home. This included care plan reviews and suggested improvements to be made to the home. People's needs were met in a holistic way and risks were assessed thoroughly and managed going forward.

People had access to health and social care professionals and referrals were made in a timely way. Staff worked well with other professionals to ensure the people living in the home received the best possible care.

People were kept safe by trained staff who had been safely recruited and completed a thorough induction process. Staff participated in constantly monitoring people's care, risks and welfare to ensure the best possible care for people.

Staff supported people with their medicines and all medicines in the home were received, managed and administered in a safe way. People were supported to have a balanced diet and had input in to what they wanted to eat and were encouraged where necessary.

People knew how to make a complaint and there was a clear reporting and investigation process in place. The registered manager and all staff were aware of their roles and responsibilities and keen to learn from any lessons or improvements made in response to accidents or incidents.

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 applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 5 September 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.

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**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
This inspection was carried out by one inspector.

Service and service type
Just Homes, Douglas Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our 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.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 renewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also spoke with an advocate of a person who used the service about their experience of the care provided.

Good

# 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 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 told us they felt safe at Douglas Close. One person said, "I feel incredibly safe here all the time. It's secure and the staff keep us safe."
- Staff understood the safeguarding process, how to identify different types of abuse and how to report any concerns in a timely way through the correct reporting pathways.
- Staff were offered regular safeguarding training as part of their training refresher programme. The registered manager ensured that all members of staff were up to date with this training.

Assessing risk, safety monitoring and management

- There were thorough risk assessments completed. These assessments were completely individualised to the different risks identified for each person. For example one person had limited spacial awareness, so was at risk of walking into things at a fast pace. This was monitored, areas of the home adapted with soft corners and ensuring all staff were aware of this. When spoken with, staff showed good knowledge of individual risks for the people living in the home.
- There were regular care plan reviews completed for each person. This ensured any new risks were identified, assessed, monitored and managed in a timely way.
- There was a business continuity plan in place. This ensured that there were measures in place to prepare and guide staff in events that were unexpected, for example loss of power or an incident of a fire.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There's always someone around to help me with whatever I need. They're never rushed or short staffed."
- The people living at Douglas Close all had very individual, different complex needs. The registered manager always ensured there were the correct staffing levels to ensure all people's needs were met. This included ensuring staff with specific experience in relation to people's diagnosis were part of the staffing team.
- The registered manager followed safe recruitment practises. This included full reference checks, investigations in to gaps in previous employment, interviews, identification checks and checks with the Disclosure and Barring Service (DBS). This check confirmed whether people were known to Police for cautions or convictions and suitable to work with the people who lived in the home.

Using medicines safely

- People were supported to take their medicines at the correct time. One person said, "They help me with my medicines every day and they make sure I never forget to take them."

● Staff received, stored, managed and administered medicines correctly. This was managed through a competent audit system that would identify any errors quickly so action could be taken. No recent medicines errors had occurred.
● The registered manager initiated regular medicine reviews. For example when a person moved in to the home it was identified that they were on several different medicines and had been for a considerable amount of years. The registered manager requested a medicines review by a health care professional. As a result, this person's medicine was reduced.
● There was guidance in place for staff to administer medicines that were required "as and when needed".

Preventing and controlling infection
● People were protected from the spread of infection. The home was clean and tidy, and hand washing facilities were available across the house. Hand gels and hand wash were seen in plentiful supply and staff had access to gloves where necessary.
● Staff spoke of how important it was to ensure safe infection control practises and received regular refresher training in this area to keep up to date knowledge of best practise. One staff member said, "It is so important to make sure we are always aware of infection control, always use PPE (Personal Protection Equipement) when necessary, gloves etc. Most importantly during personal care and food preparation."
● Staff received regular infection control refresher training and the home had an infection control policy in place. This was provided to all staff during induction and available for all staff to review at any time.

Learning lessons when things go wrong
● Accidents and incidents were recorded and action taken if any trends or patterns were identified. One person had regular trips and falls due to them wanting to walk quickly around the home. In response to this changes had been made to a central fireplace in the living area to ensure the edges would reduce the chance of the person tripping or falling.

Good

# 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

- Since the last inspection two people had moved in to the home. Thorough assessments were seen to have been completed to ensure the person's needs could be met. This included meeting with the person and their family and learning about the person's history that may not be in a social care or previous placement handover. This also covered what the person's preferences were and how the home could meet the choices of the person.
- People were involved with the assessment process and the support of advocates or family members were involved as well. This ensured that the assessment period could completely tailor the care plan to the person's choices in how they wanted to live.

Staff support: induction, training, skills and experience

- Staff had worked at the home for a considerable period of time, as a result they were experienced in the individual needs of the people living there. This also meant that staff had a degree of involvement with new placements and where possible had been involved in the assessment process.
- Staff received regular refresher training which was monitored by the registered manager to ensure that all staff were up to date with training. If people moved in to the home with different complex needs and there were training courses available for the staff to be more effective in delivering care, the training was booked for staff.
- Staff told me that they had completed their induction and this was thorough and useful in preparing them for their roles. Induction included introducing the staff to the people in the home to ensure that they were compatible, once this was confirmed new staff would "shadow" experienced members of staff to learn how each person likes their care to be delivered.
- Staff received regular supervision. This gave them the opportunity to highlight areas of improvement and put forward ideas in how to make the home more effective.

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

- People were supported to eat and drink enough to meet their nutritional needs. Staff encouraged people to be involved in the preparation of their food and make choices as to what they wanted to eat. One person said, "I know I'm fussy with food and they're great with all of my dinners, it's so nice to have food I like, not like the old place where I used to live."
- One person struggled with swallowing so staff made a referral to the Speech and Language Therapist (SALT) team and a dietician to ensure a full assessment was completed. This resulted in the person being on a softened diet, and staff were seen to follow guidance that had been given to ensure the person received the correct nutritional balance.

● People were encouraged to all be involved in main meal times where possible. This encouraged a social element, for example at dinner time the people living in the home decided together what they would like to eat, this would then be prepared, cooked and everyone would eat together.

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

● People were supported to have access to any professionals as soon as required. One person said, "The staff are great, they always make sure I go to all my Doctor's appointments. Since I moved in, I haven't missed one."

● Staff worked closely with other agencies to ensure people were referred to health professionals in a timely way. One person had started to lose weight so staff sought advice from health professionals and trialled a supplement drink until the person's weight returned to normal.

● Staff supported people to have access to social care professionals and ensured they were getting the correct access to advocates when required. Records showed details of meetings with social care when necessary, action taken and guidance followed by staff where necessary.

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

● The home adapted the environment to the people who lived there to ensure they met their needs. Recent adaptations that had been made were considerate to the new people's needs and preferences. For example the home had created a ramp from the kitchen area to the laundry area to ensure a person in a wheelchair were able to do their own laundry as this was important to them.

● All bedrooms were personalised. One person who had recently moved to the home had moved from a larger property, so had a lot of belongings. The registered manager was seen to joke with the person about all of their belongings saying, "You had so many things when you moved here, I thought how is it all going to fit in? But it just took a little bit or careful arranging, but we got it all in didn't we?" The person nodded, smiling and responded, "Well, they're all so important to me so I'm glad we got them all in."

● Corridors were wide enough for wheelchair access so people that had mobility issues were able to move freely around the home. Access ramps in to the garden had been built to ensure there was nothing that restricted people with less mobility to enjoy the garden area. A new patio area had also been installed, this meant that people in wheelchairs had access and could enjoy the area considering any risks of uneven surfaces.

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.

● Staff worked in line with the principles of the MCA and showed a good understanding of consent. One person said, "The staff always ask me if I'm happy with them helping me, I always am, but it's nice that they ask."

● Care plans detailed decisions specific restrictions. For example one person had a sensor mat, records

showed that the person had access to an advocate who assisted throughout the MCA process to ensure the home was complying with appropriate legal authority. This included MCA assessments, best interest decisions and subsequently a DoLS application. These records were present in all care plans.

Good

# 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

- People told us that staff were kind and caring towards them. One person said, "The staff are so nice, they help me do so much. They are very kind to me and nothing is too much of a problem for them."
- People had completely different interests and preferences. Staff were seen to cater their approach to ensure it was the way in which the person wanted to receive their support.
- People were supported by staff who respected their equality and diversity. Staff were seen to treat people with kindness through many exchanges throughout the day. One staff member said, "Oh, don't you look smart today, are you looking forward to going out? I can't wait to go out with you next time, you always chose the best places to go." The person responded with a smile and said, "I look forward to it."

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

- People with the support of family members and advocates, where appropriate, were involved in the reviews of their care plans. This enabled them to express their views in relation to any changes they wanted made in the way they were supported.
- One person said, "They have supported me to do more, but I always know they're there for me when I need their help. It's very much on my terms which makes me more comfortable."
- During observations staff were seen to encourage people to make day to day decisions. One staff member asked someone what shoes and coat they wanted to wear before they went out for lunch in the local community. Another person was asked what they wanted to do at the weekend, the staff responded to the person's suggestion and said, "That's a great idea. Oooh, I've got something to look forward to when I'm working here this weekend."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy by knocking on people's doors before entering. One person spoke to us in their room, the registered manager confirmed whether they were comfortable to be left on their own with us and then said, "I'll leave you to have some privacy so you can have a chat."
- People were treated with dignity at the home. Staff confirmed that all choices and decisions, within reason, were made by the people living in the home. Staff told us that they found that this encouraged independence when they make as many decisions as possible.
- The staff and registered manager had all supported the people living in the home to be more independent. This ranged from daily tasks such as being supported to make breakfast, choosing outfits for the day and attending local day centres to making decisions about how they wanted to decorate the house, their bedrooms and the garden outside.

● An advocate who worked with the home said, "The home are brilliant at encouraging independence in every element of the lives of the people living in the home."

Good

# 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 Outstanding. At this inspection this key question has now changed to good. This meant people's needs were met through good organisation and delivery.

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 and their relatives told us how happy they were with the home. A quote from a relative's feedback said, "I am very grateful to all of the staff for making [person's] move such a happy time for him. I have no reservations at all in stating that [person's] move to Douglas Close has been absolutely great and a total blessing for him."

● People were supported to follow their own preferred social activities. Staff told us, "It's very rare if there is a day where any of the people who live here are at the house at all during the day, they like to be out and we support them to do whatever they want to do." An example of this was seen on the activities record for each person. One person was seen to regularly take part in social activities such as attending a local day centre and visits to the local community to go for lunch or coffees. Staff had supported a person to in turn support a relative that had been ill, without staff support the person would not have been able to assist their relative.

● Another person was very interested in animals and wanted to have a pet. Staff had began to look at fostering a dog for a trial period with the intention to adopt a dog in the future. Whilst this was being arranged staff supported the person to visit a local dog and cat shelter so they could spend time with animals. The area manager had also bought her pet cat to the home for the person to look after for the weekend.. The person told us, "I miss my dog so much, it really does mean a lot to me them helping me. It was also so much fun looking after [area manager's] cat, we had a great time. I know it's a big responsibility, but I know I can do it."

● Relationships between the people that lived in the home were encouraged. Social activities were encouraged so the people living in the home felt like a family. For example at Christmas, the staff had prepared a Christmas dinner where relatives were also invited. One person had a family member attend and confirmed that this was the first time they had managed to have dinner together at Christmas for a really long time.

● Staff supported people to maintain important relationships with friends and family members. Staff would support people with transport to spend extended periods of time with family where appropriate.

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

● Staff ensured care was personalised to each person's preferences and wishes. The people that lived in the home had different complex needs and these were met by staff with a personalised approach. Preferences were detailed in care plans and staff were seen to change their approach depending on which person in the home they were speaking to. On all occasions the person being supported responded well to the approach and looked happy to be treated in a way in which they were comfortable with.

● An advocate for a person living at the home told us, "I used to work at a day centre local to the home, it was common knowledge that Douglas Close was head and shoulders above the other care homes, just in every way. It's approach to meeting personal needs, all of the people are always out doing activities they want to do and the staff really follow their hobbies. Their quality of life is just so much better than other people with similar needs living at different homes in the area. I just wish all the homes were like Douglas Close."
● A quote from a family feedback record said, "We were thrilled to see [person] so settled and comfortable in his new surroundings. He is being well looked after and thriving in his new home. We were most impressed with the attention to detail in the review documents provided by the home."
● One person had wanted to spend more time in the garden, staff had ensured a ramp was added from their bedroom external door to enable the person to go outside whenever they wished. The person said, "Staff just act on all our suggestions straight away, they always get things done so we're all happy."

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.
● All people living in the home had communication assessments documented and reviewed in their care plans. Staff showed good knowledge of how to listen, respond and communicate with the people living in the home. Staff showed good knowledge in the different communication needs depending on the individual person.
● The people living in the home had been asked if they would prefer to have a pictorial care plan to support them in understanding reviews and final drafts of care plans following changes to their needs. Two people had agreed that they wanted this to happen and this had been implemented. One person had stated that they felt strongly about the fact they did not want a pictorial care plan and this had been respected.

Improving care quality in response to complaints or concerns
● The home had not received any complaints since the last inspection. The registered manager said, "I think we don't receive complaints due to the fact that we are always asking for feedback and always responding to people's requests so there is no need for it to get to that point."
● In the event that the home received a complaint in the future there was a complaints policy and procedure for staff to follow with clear, investigative processes to ensure a clear outcome identifying actions if necessary.

End of life care and support
● Since the last inspection the home had supported people at the end of their life. The registered manager explained how it was a very personal loss for everyone who worked in the home. She said, "It was so important for all of us that [person] had exactly what they wanted. There was someone with [person] at all times as this is what [person] wanted. [Person's] family came at all hours to the home whenever they wanted to or could be with them."
● Records showed how the home had worked with hospices and health professionals to ensure the person had the most dignified end of life experience. There was a carer at the home who also had previous experience of working at a hospice, this ensured there was extra knowledge within the staffing team for future situations.
● People had detailed end of life care plans that advised staff on how they would like to be cared for if they entered this period of their life. Staff were knowledgeable in how to obtain all information and changing preferences to ensure the person was as comfortable as possible. Staff also showed good knowledge in how

to involve family members, friends, hospices and health professionals to ensure there was a partnership working approach to gain the best results.

Good

# 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

● Staff and people worked together to make changes and improvements to the home. People told us that they were completely involved with the running of the home. For example a person was invited to join in with the feedback part of the inspection. Once we had delivered the feedback, before the registered manager signed the feedback, she said to the person, "Are you happy with the comments?" To which the person responded with a nod, smiled and said "I agree." This showed people were valued and at the centre of the service.

● Staff and the registered manager were seen to include the people living in the home completely with daily decisions. People chose how to spend their time and told staff of goals they wanted to achieve.

● The registered manager operated an inclusive, open-door policy and was completely visible at the home. She said, "It's important to be open to all suggestions from staff and the people living here. I can't possibly do everything on my own and I acknowledge that other people have better ideas that we can implement to make this the best home possible."

● An advocate who worked with the home said, "The home works with the people one hundred percent. They are completely included in all decisions. I think that's why they get such good results for everyone living there."

● Wherever possible people were given the opportunity to express their views. Due to the home being a small premises that was only registered to support three people, feedback was regularly sought and changes made immediately in response to this. An example was one person decided they wanted to try vegan recipes, staff supported them by looking at recipes with them and then preparing vegan meals for them to try.

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

● Accidents and incidents were reviewed in an open, transparent manner. This had been discussed with people's next of kin and advocates to find the best result to prevent future similar accidents or incidents.

● Staff worked closely with family members who wanted to be involved with people's care. Some people's family members had different opinions on how the people should receive care or how the home should respond to incidents. The home worked alongside them to agree the best way to deliver care, and be honest about what changes they would not be making and agreeing a care package that would best meet the person's needs but also meet all legal requirements.

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

● The registered manager and staff were clear about their roles and responsibilities. This was ensured through one to one supervision and appraisals. All of the staff would discuss suggestions in how to ensure all potential risks had been identified and managed correctly. The registered manager would also complete competency checks and if required, offer advice to staff on how to best fulfill their role.

● The registered manager completed quality assurance reports that were thoughtful and thorough to gain the best insight in to what changes can be made and gain feedback about the service. This included completing closing interviews for members of staff that were leaving. Leaving staff quotes included, "I have become really attached to the service users and enjoyed the culture of the home, it is really homely. There aren't many homes like this. The staff are really close and support each other well" and "Service users always come first at Douglas Close – Just Homes – I would rate the commitment care as wonderful."

● The registered manager had thought of innovative ways to get thorough feedback and to complete quality assurance checks. An example of this was seen through asking family members of a person who had recently moved in to the home to complete a 'Record of Observations' form. A quote from one of these forms said, "I was really thrilled to see how at ease [person] is with all of the carers. It is no exaggeration to say that I have never seen [person] so happy, since he was taken into care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● House meetings were held for the people living in the home. This gave people the opportunity to have discussions about what improvements could be made to the home. Records also showed that important discussions about, racism, equality and diversity and priority topics in the news were discussed.

● Staff took part in regular staff meetings. This gave staff opportunities to mention ideas on how to improve the service and discuss any potential changes in needs for the people living in the home.

● Feedback was sought from family members and friends to ensure any issues could be addressed and any suggestions made. One feedback from family said, "Staff have always been supportive towards their residents and to us too. Everything is dealt with promptly and anything that occurs i.e illness etc is followed up asap."

● The registered manager showed us how they analysed all the actions from meeting minutes and feedback received to continuously improve the care at the home. They said, "All of the information is so valuable to just continually learn. Everyone that works here just wants the home to keep on improving."

Working in partnership with others

● Records showed strong working relationships with social care and health professionals. Examples were seen of advice and guidance in relation to different health conditions recorded in care plans and followed by staff.

● The registered manager and staff spoke passionately about partnership working. One staff member said, "It's just invaluable. When we all work together, we get the best results for the people living here."