

Covenant Care LLP

# Covenant Care - The Wheelhouse

## Inspection report

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Date of inspection visit: 24-25 July 2014  
Date of publication: 24/10/2014

### 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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

We carried out this unannounced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Covenant Care – The Wheelhouse provides care home accommodation for up to 10 people. It also provides a supported living service to people living in a shared house in the community where each person had their own personal room and shared communal areas of the house with other people using the scheme. People using the supported living scheme had a contract outlining the personal care and other support provided by Covenant Care – The Wheelhouse. Some staff working for the service provided care to people living in the care home

# Summary of findings

and the supported living scheme others work exclusively in the care home. Both parts of the service specialise in the care of people who have a learning disability, autistic spectrum disorder or mental health difficulties.

At our last inspection of this service in October 2013 we raised concerns about the reviewing of care and care plans at the care home. We found the service was not always involving professionals from outside the home in the review of people's individual care. We also found people who used the service were not always fully involved in the creation and review of care plans. Care records we read during the last inspection did not always give details about how people had consented to their care. At this inspection we found action had been taken to address the shortfalls identified.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Throughout our inspection we observed people in both parts of the service were very comfortable and relaxed with the staff who supported them. We saw people living in the care home were free to move around the house and garden, and had unrestricted access to their bedrooms. People who were using the supported living service told us they were able to come and go as they pleased.

There were adequate numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities.

People in both parts of the service had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Staff followed advice given by professionals to make sure people received the treatment they needed. Records showed people had access to appropriate health care professionals to manage ongoing healthcare needs.

One person using the supported living service told us: "You get good advice and they would help you make appointments if you needed to." However the care records that we read for people who lived in the care home did not contain easy to read information about people's care needs and preferences that could be shared with other providers or healthcare professionals. This meant there was no document in place to assist any other staff, such as hospital staff, to appropriately support the person if they had an unplanned admission to hospital or another service.

Many people who lived in the care home were unable to fully express their views verbally. The staff used pictures, signs and objects to assist people to make choices and express their views. Each month staff used a pictorial questionnaire to ask each individual for their views. There were questions about food, individual rooms, activities and how happy people were with the other people they lived with. This enabled people to spend time with a member of staff and express their views.

There were regular reviews of care for each person who used the service which enabled individual care to be monitored. We saw that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates.

The service responded to people's changing needs and arranged care and activities in line with people's up to date needs. We saw that the service had consulted with healthcare professionals about changes in behaviour and medication. We also heard how the home had changed some activities when people showed an interest in other things.

Staff said that communication in the home was good and they always felt able to make suggestions. There was a monthly meeting for staff. Minutes of these meetings showed this was an opportunity to share ideas and make suggestions as well as a forum to give information.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

People who used both parts of the service were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm.

Staff had received training in how to recognise and report abuse. All were confident that any allegations would be fully investigated to make sure people were protected.

There were regular audits and checks to ensure the care home was maintained to a safe and comfortable level.

Medicines were administered safely and staff were aware of good practice in respect of minimising the risks of the spread of infection.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



### Is the service effective?

People who used both parts of the service received effective care and support because staff had a good knowledge of their needs and how to meet their individual needs.

People using both parts of the service had access to health and social care professionals to make sure they received effective care and treatment.

The care home building had been adapted to meet people's individual needs.

Good



### Is the service caring?

People who used both parts of the service were supported by staff who were kind, caring and respectful of their right to privacy.

We saw that staff showed patience and understanding when interacting with people who used the service.

People were able to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

Good



### Is the service responsive?

People use both parts of the service received care and support that was personalised and responsive to their individual needs and interests. Some improvements were needed to make sure there was appropriate documentation in place to support people who lived in the care home if they had an unplanned admission to hospital or another service.

Requires Improvement



# Summary of findings

People received a personalised service which took account of their needs and preferences. Activities were arranged in line with people's interests and abilities. However we saw the notice board in the care home which gave people information about the weeks' activities was not kept up to date.

The service supported people to maintain contact with family members.

## Is the service well-led?

The service was well led because there was an experienced registered manager in post who was approachable and communicated well with people who used the service, staff and outside professionals.

Staff were well supported by regular training, formal supervision and annual appraisals.

There were systems in place to monitor the service offered and plan on-going improvements.

**Good**



# Covenant Care - The Wheelhouse

## Detailed findings

### Background to this inspection

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

At our last inspection of this service in October 2013 we raised concerns about the reviewing of care and care plans at the care home. We found the service was not always involving professionals from outside the home in the review of people's individual care. We also found that people who used the service were not always fully involved in the creation and review of care plans. Care records we read during the last inspection did not always give details about how people had consented to their care.

This unannounced inspection was carried out by one inspector. We visited the service on the 24 and 25 of July 2014. At the time of the inspection there were nine people living at the care home and a further three people receiving personal care in a nearby supported living scheme. We visited both areas of the service. The care home was made up of four small self-contained flats and a house with six en-suite bedrooms.

During the inspection we met with everyone who lived at the care home and spoke with two people who used the supported living scheme. We spoke with six members of staff and observed care practices in the home. After the inspection we spoke with three relatives of people who lived at the care home and one health and social care professional on the telephone. We also looked at records which related to people's individual care and to the running of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People who used both parts of the service were safe because the provider had taken reasonable steps to minimise risks to people.

Throughout our inspection we observed that people using both parts of the service were very comfortable and relaxed with the staff who supported them. At the care home people were free to move around the house and garden, and had unrestricted access to their bedrooms. The kitchen in the main part of the care home was locked by a keypad. This meant people who lived at the home were not able to access the kitchen without staff support because of potential risks to their health and welfare. During the inspection we saw people were supported by staff to use the kitchen to make drinks and snacks in line with their individual care plans and risk assessments.

People who were using the supported living service told us they were able to come and go as they pleased and we saw appropriate risk assessments were in place. There were risk assessments to enable people to take part in everyday activities with minimum risks to themselves or others. One person who was being supported in their own home told us: "It's brilliant here, you can do what you want to do. They talk with you about risks and how to keep safe. At the end of the day everything is my choice though."

In the care home part of the service there were risks assessments which outlined the level of support people required at the home and when using community facilities. One person's care plan stated they were at risk of falls and therefore needed to have a member of staff near them at all times. During the inspection we saw that this person always had a member of staff available to them. This showed the service followed the risk assessments to keep people safe. One health and social care professional we spoke with said: "They take risks to make sure people have access to holidays and activities. That has been very positive for the person I am involved with."

The risks of abuse to people who used the service were minimised because staff working in both parts of the service had a good understanding of issues of abuse and how to report it. We spoke with six members of staff, all told us they had received training about how to recognise and report abuse. All were very clear on the procedure to follow if they had any concerns. Staff told us they were confident

that any concerns reported to the manager would be effectively dealt with to make sure people were safe. Records seen confirmed that staff had received up to date training in safeguarding adults.

Staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure that people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One member of staff told us: "When you get to know people well you can support them to make decisions, but we involve relatives and professionals as well." All three relatives we spoke with told us they were involved in decisions about their relatives care. One relative said: "They keep me well informed and involve me in everything."

No one who used the service was subject to the Deprivation Of Liberty Safeguards as set out in the Mental Capacity Act 2005. However there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection. At the time of the inspection the registered manager was seeking guidance from the local authority about how changes in this legislation should be implemented.

There were adequate numbers of staff on duty in both parts of the service to support people safely and ensure everyone had opportunities to take part in activities. Some people who lived at the care home were assessed as requiring one to one support and we saw that this was available throughout the day. In addition to permanent staff the service had a team of 'bank' staff. These were staff who were employed by the service but were not contracted for regular hours. They were available to cover if permanent staff were not available due to staff vacancies, holidays or sickness. Bank staff could also be called upon at short notice to cover shifts and ensure people were appropriately supported. One relative told us: "There's always enough staff. My relative needs one to one care and I've never known that not be available."

We looked around the care home and saw that all areas were clean and fresh. There were policies and procedures to minimise the risks of infection to people. There were hand washing facilities and suitable personal protective equipment, such as gloves and aprons, around the home. Staff working in both parts of the service had received

## Is the service safe?

training in infection control and were able to tell us about the practices they followed. These measures helped to minimise the risks cross infection and the spread of infection within the home.

All areas of the care home were maintained to a safe standard. We saw that regular checks were carried out to ensure the safety of people using the building. These included checks on fire detecting equipment and hot water temperatures.

There were suitable systems in place to ensure the safe storage and administration of medicines throughout the service. All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to ensure their practice was safe. We saw records of competency assessments which had been signed by the registered manager.

The care records for one person showed that they had a specific medical condition which meant they may need emergency medicine to ensure their safety. The member of staff who was supporting this person told us they had received the appropriate training to administer the prescribed medicine in an emergency and were aware of the policy and procedure to follow.

Some people who used the care home service were prescribed medicines on an 'as required' basis. There were individual protocols in place for the use of this medicine and all administration had to be authorised by a senior member of staff. Records seen showed that this medication was only used in the exceptional circumstances set out in people's care records which showed that staff were following the protocols in place.



# Is the service effective?

## Our findings

People who used both parts of the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs.

Staff we spoke with during the inspection had a good knowledge of the individuals they supported. Staff were able to give us information about people's needs and preferences which showed they knew people well.

All staff who began work at the service completed an induction and had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. Most staff told us they had found the induction very useful however one member of staff said they would have liked a more detailed induction and more opportunities to shadow other staff. Once staff had worked at the service for six months they were able to undertake certificated vocational training courses, such as diplomas in health and social care, to further develop their knowledge. We saw that staff who had worked at the service for a period of time had completed these courses. There was an on-going training programme in place to make sure all staff had the skills and knowledge to effectively support people. Staff received training appropriate to people's needs. This included autism and epilepsy.

People using both parts of the service received effective care to support them in everyday activities of daily living. For example staff offered gentle physical and verbal prompts to assist people who lived at the care home to make drinks and simple snacks. We also saw people were supported by staff to access community facilities to carry out personal shopping. One member of staff said: "We try to encourage people to be as independent as possible. Everyone is able to do some things for themselves with the right prompting and encouragement." A relative told us: "When I look at what they have achieved there can be no doubt about the quality of care they get."

During the inspection we observed there was a relaxed and calm environment within the care home. This demonstrated staff had the skills to meet people's needs and reduce their levels of anxiety. One relative we spoke with said: "The fact that my relative is calm and settled shows they get effective support."

People who used both parts of the service had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. We saw that following a number of incidents, one person had been seen by a psychiatrist and a psychologist. Staff followed advice given by these professionals and we noted that the number of incidents had significantly reduced. We saw that other people were accessing professionals in line with their needs. Records showed that people who lived at the care home had access to doctors, dentists and chiropodists to manage on-going healthcare needs. One person using the supported living service told us: "You get good advice and they would help you make appointments if you needed to."

The care home building was designed to meet people's individual needs. There were four self-contained flats for people who found it difficult to live with others and preferred their own company. Everyone in the main part of the house had a large bedroom which they had been able to personalise according to their individual needs. Furnishings were sparse in the communal areas of the care home to maintain people's safety. This ensured people who used the service were able to have unrestricted access to many areas of the home with minimum risks to themselves or others. There were notice boards to give people information about staff on duty.

People who lived at the care home had food and drink to meet their needs. Throughout the day we saw people had regular drinks and snacks available in addition to the main meal. There was a small dining room but as some people preferred to eat on their own, tables had been provided in their personal rooms. One relative told us: "They have made a real effort with their diet. They had a plan and stuck to it which has been really successful."

People who used the supported living service were supported by staff to shop and cook. One person using the service said: "We've worked out a cooking rota between us. It seemed a sensible thing to do as we all share a house and all have to eat. Staff are good and give advice about how to cook and what foods are healthy."

We saw people who lived in the flats at the care home sat down to eat their meal with a member of staff which made it a sociable event. In the main house we saw staff sat down to eat their meal after the people who lived at the home had eaten. This did not provide a sociable occasion for these people. We discussed this with the registered



## Is the service effective?

manager who showed us the service's policy on mealtimes which clearly stated that staff and people who used the service should eat together. We also saw the minutes of a staff meeting which stated 'Staff are reminded that meals taken on duty have the status of therapeutic meals and must be taken with service users except in exceptional

circumstances.' This meant staff were not always following the service's policy on supporting people at mealtimes to provide a social and stimulating activity. The registered manager informed us that this issue would be addressed with staff without delay.

# Is the service caring?

## Our findings

People who used both parts of the service were supported by staff who were kind, caring and respectful of their right to privacy. One person told us: “Staff are nice.” Another person said: “Staff are kind and polite to me.”

During the inspection we saw staff at the care home were patient in their interactions and took time to listen and observe people’s verbal and non- verbal communication. We saw one person took a member of staff by the hand and led them to the kitchen. The staff member told us this meant that the person would like a drink. When the person was shown a choice of drinks they happily made a choice indicating that this was what they had requested.

Throughout the inspection we saw staff interacted with people in a friendly professional manner. One relative commented: “The staff are always helpful and professional in everything they do.” Another relative said: “The staff all seem to get on well together and work as a team. It means the approach is always consistent.”

There was on-going interaction between people who used both parts of the service and staff. People were very comfortable and relaxed with the staff who supported them. We saw people laughing and joking with staff and people with limited verbal communication made physical contact with staff members. One person bought some photos from their room and sat down with a member of staff happily chatting about their family. This showed there were trusting relationships between people.

Many people who lived at the care home were unable to fully express their views verbally. The staff used pictures, signs and objects to assist people to make choices and express their views. We saw that each month staff used a pictorial questionnaire to ask each individual for their views. There were questions about food, individual rooms,

activities and how happy people were with the other people they lived with. This enabled people to spend time with a member of staff and express their views about the care and support they received.

People who were supported in their own home were involved in tasks around the house and had created a rota system for cooking and some household chores. They were also involved in ensuring anyone who moved in was compatible with the people who already lived there. At the time of the inspection one new person was due to move in. One person said: “We’ve met them several times, they seem really nice and I think they will fit in really well.”

People using both parts of the service were able to make choices about their day to day lives. We saw that people were able to decide what time they got up and how they spent their day. One person liked to get up late and we noticed that staff responded to this person late in the morning when they asked for assistance to get washed and dressed. Another person liked to spend time in the garden and a swing had been put up for them to use. We saw the person going out to the swing throughout the day.

Staff respected people’s privacy and dignity. All assistance with personal care was provided in the privacy of people’s personal rooms. People were able to choose their clothing but staff assisted people to make sure that clothing promoted people’s dignity. People who lived at the main part of the care home were able to spend time in the communal areas or the privacy of their bedrooms. In the flats where people received one to one staff support throughout the day we saw that staff respected people’s right to spend time alone in their bedrooms.

The care records that we read for people who lived at the care home contained information about the care people would like at the end of their lives and who they would like to be involved in their care. This was to ensure people were cared for in line with their wishes and beliefs at the end of their life.

# Is the service responsive?

## Our findings

People who used both parts of the service received care and support that was personalised and responsive to their individual needs and interests. Some improvements were needed to make sure there was appropriate documentation in place to support people who lived in the care home if they had an unplanned admission to hospital or another service.

At the last inspection concerns were expressed that outside professionals were not always involved in the review of people's care at the care home and there was limited information to show that people had consented to the care given. At this inspection we saw that reviews had been carried out with professionals from outside the home. Professionals and personal representatives had been involved in assessments of people's capacity to make decisions. We saw that decisions had been made in people's best interests where appropriate. This showed the manager had addressed the concerns and was guided by the principles of the Mental Capacity Act 2005 to make sure people's rights were protected. One person did not have a family member to support them at their review so an independent advocate was used to represent their views.

People who wished to use the service had their needs assessed and were able to spend time there before making a decision to move into the home or use the supported living service. This gave people an opportunity to see if it was the right place for them and would meet their expectations. It also gave the service an opportunity to make sure they had the skills and facilities to respond to people's needs and wishes. The registered manager told us people usually visited several times before a place was offered to give them a real sense of the service and to ensure any new people were compatible with people already using the service. At the time of the inspection one person was considering moving into the care home and another person was planning to move to the supported living service. We saw that visits and stays had been arranged to help them to make a decision.

We read three care plans for people who lived at the care home and noted all were very personal to the individual. All contained information about people's known likes and dislikes and preferred routines. This meant staff had information about each individual to enable them to support people according to their wishes. Family members

were involved in the creation and review of the care plans to make sure their views were also represented. One relative told us: "They keep you informed and you have a chance to say your bit. I made a suggestion for something I think they would enjoy doing and they have made arrangements for a trial of this."

Staffing levels at the service enabled everyone to receive a personalised service. High staffing levels at the care home meant that people had staff available to them to meet their individual needs and pursue their interests. People who used the supported living service had contracts in place which set out the amount of staff support they required to meet their needs. The service supported people to keep in touch with family and in some cases assisted them to visit and spend time with family members. One relative said: "The home responds to their needs and mine. It feels like a family and they do everything they can to make sure I am involved and get to see them regularly." The service facilitated one person to spend their time between the care home and their family home. This showed they were able to respond to individual needs and care arrangements." One health and social care professional told us: "They have helped them to keep up good links with the family."

Both parts of the service responded to people's changing needs and arranged care and activities in line with people's current needs and choices. The service consulted with healthcare professionals about changes in behaviour and medication. We heard how the home had changed some activities when people showed an interest in other things. The staff kept daily notes about each person. This enabled them to record how people had reacted to the day's events and monitor their health and well-being. Each month a summary was written so that any changes could be recorded and plans of care could be adjusted to make sure support was arranged in line with people's up to date needs and preferences. One member of staff said: "The care plans and individual protocols make sure that we all work in a consistent way. We have regular handover meetings and so any changes can be quickly addressed."

People who lived at the care home took part in activities according to their individual interests and abilities. All activities were displayed on a notice board in pictorial form. This meant people knew what was arranged for each day. However we saw that the board was not always kept

## Is the service responsive?

up to date. For example one activity for the day was swimming and we were told this only occurred in term time. This meant that the board did not always give people the information they needed.

The service supported people who lived at the care home to attend appointments with other professionals to make sure information was shared appropriately. People who used the supported living service told us staff would assist them to make appointments. One person told us: "Staff will help but I am very independent and they don't pry." The registered manager explained that if people moved between services there would be a full transition period to support people to make a decision about the move. Although people who lived at the care home had comprehensive care plans, there was no easy to read information about care needs and preferences that could be shared with other providers or healthcare professionals.

This meant there was no document in place to assist any other staff, such as hospital staff, to appropriately support the person if they had an unplanned admission to hospital or another service. This could potentially place people at risk of receiving care that was inappropriate or not personalised to their wishes or preferences.

There was a complaints policy but no formal complaints had been made about either part of the service since the last inspection. Relatives told us they knew how to make a complaint but felt that the level of involvement and discussion meant they would not need to do this. Staff told us they were confident that they would recognise any changes in people's behaviour which may indicate that someone was not happy. One person who used the supported living service told us: "I don't have any complaints but if I did I would. No one would think less of me they would just try to sort it."

# Is the service well-led?

## Our findings

The service was well led by a registered manager and team of senior support workers. Everyone asked said the registered manager was approachable and competent. One health and social care professional described the registered manager as: “An experienced manager who knows his stuff.”

Relatives told us they found the registered manager and other staff very approachable. One relative said: “The manager always makes an effort to meet us when we visit. He is very easy to talk to.” Another said: “They are all very approachable. I could most definitely talk with anyone.” A person using the supported living service said: “This is very much my home but if I need anything I can talk with a member of staff or the manager, day or night.” This demonstrated that there was an open culture in the service and people felt able to discuss issues with staff and the registered manager.

Staff told us, and duty rotas for the care home confirmed, there was always a senior member of staff on each shift. The senior member of staff allocated workloads at the beginning of each shift which ensured that all staff knew their role and responsibilities for the day. The senior member of staff was responsible for ensuring that care was provided to an appropriate standard. They also offered support and guidance to less experienced staff. Pictures of staff were put up on the notice boards in the care home and the house shared by people using the supported living service each day. This ensured people knew who was working with them and who the senior member of staff on duty in the care home was.

Staff told us they felt well supported and were never asked to undertake any tasks they did not feel confident with. We saw that one to one staffing for people was arranged on a two hourly basis so that each member of staff knew who they were supporting at all times. This also meant that staff did not work long hours on their own and people had opportunities to spend time with a variety of staff.

There was a programme of training and formal supervision for all staff including bank staff. Supervision offered staff an opportunity to meet with a more senior member of staff to discuss their work and highlight any worries or concerns. It also enabled any poor practice to be addressed in a confidential meeting. We saw copies of staff supervision

notes and annual appraisals. These showed that competency was monitored and training was arranged to make sure staff had the up to date skills they needed to support people. One member of staff told us “I feel very well supported.” Another member of staff said: “The management and leadership is very open. The training and support definitely gives you the skills to do the job.”

Staff said that communication throughout the service was good and they always felt able to make suggestions. There was a monthly meeting for staff. Minutes of these meetings showed this was an opportunity to share ideas and make suggestions as well as a forum to give information. There were monthly meetings between each person who used the service and their keyworker to give people an opportunity to share their views. This meant people who used the service and staff were able to influence the running of the service and make comments and suggestions about any changes.

There were regular reviews of care, for people who used both parts of the service, which enabled individual care to be monitored. We saw that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people's needs were monitored and met.

There were various regular health and safety checks carried out to make sure the care home building and all vehicles were maintained to a safe standard for those people using the service, staff and visitors.

The registered manager carried out monthly audits including auditing care records, the care home environment and health and safety checks. This enabled them to monitor practice and plan on going improvements. We saw that these audits were a standing item on the staff meeting agenda. This meant that any shortfalls identified could be discussed with staff and action plans put in place to address any issues. We saw that one audit had raised concerns about documentation in care records and standards of food safety. We saw that this had been discussed at the next staff meeting to make sure staff were aware of any changes to practice that needed to be made.

All incidents and accidents which occurred were recorded and monitored by the registered manager. We saw that where one person had a number of incidents, action had

## Is the service well-led?

been taken in partnership with other health and social care professionals. This showed the service had taken action to make sure this individual received effective support and treatment to meet their needs and maintain their well-being.