

## Pathways Care Group Limited

# Greenways

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Greenways is a care home registered for a maximum of 17 adults, some of whom may have learning disabilities or mental health care needs. The home is a three storey, detached house with parking at the front and a large garden at the back. At the time of our visit, there were nine people living in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. The service regularly consulted with people and gave them the opportunity to make suggestions for improving their care. People were able to confirm that this happened, and that staff had responded to their choices and preferences.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

People's experience of using this service:

At the last inspection of 31 July 2019, we found breaches of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance) and Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). At this inspection we identified that improvements had been made to the benefit of people using the service but that there was a need to complete further improvement work and demonstrate a track record of good provision before a good rating can be awarded.

Since our last inspection of 2019 the registered manager had worked hard to make improvements in areas such as consultation with people who used the service, provision of activities, care documentation, staff training, working with other care professionals, and the overall management of the home. However, some of this work was not complete such as staff appraisals and supervision, infection control and areas related to health and safety. Furthermore, the quality assurance work, although it provided basic assurance, did not provide extensive evidence that the service was fully supporting high-quality person-centred care just yet.

Therefore, our judgement was that there had been improvements at the service and the service was well on the way to becoming good but that more time was needed to demonstrate a good standard and to complete work in progress and make sure some fundamental areas were fully addressed.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with dietary issues, medical conditions such as diabetes, epilepsy and behaviour which challenged the service.

The service followed safe recruitment practices and records contained the required documentation. The staffing levels were adequate to ensure that people's care needs were attended to. Our previous inspection identified that some staff had not received essential training. This was a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). During this inspection we found that the service had made improvements in respect of this and staff had completed relevant training.

There were arrangements for safeguarding people. Care workers had been provided with training on safeguarding people and knew what action to take if they were aware that people were being abused.

There were suitable arrangements for the administration of medicines. Medicine administration record charts (MAR) had been properly completed. Medicine audits had been carried out.

The premises were well maintained and there was a record of essential maintenance and inspections by specialist contractors. Window restrictors were in place. We however, noted that the emergency pull cord in a communal bathroom on the first floor and in the staff toilet had been tied up. This was untied soon after the inspection so that they were within the reach of someone who may have fallen to the floor.

Suitable fire safety arrangements including personal emergency and evacuation plans (PEEP) and weekly fire alarm checks were in place. However, only two fire drills had been carried out since the beginning of the year. Additional drills were needed to ensure that staff and people are familiar with the fire procedures.

The premises were clean and tidy. Infection prevention and control measures and practices were in place to keep people safe and prevent the spread of the corona virus and other infections. Staff had received appropriate training. They had access to sufficient stocks of personal protective equipment (PPE). However, following our inspection there were some cases of Covid-19 and the infection control nurse, who visited the home after the inspection, noted some deficiencies in the infection control measures in place. The provider has taken action to rectify the deficiencies.

Staff were supported to care for people. They had received training and had the knowledge and skills to support people. Supervision and a yearly appraisal of their performance had been organised. However, some staff had not received recent supervision sessions and their appraisals were yet to be completed.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

At our last inspection people did not have access to adequate activities. We recommended that they reviewed the provision of activities to ensure that people who use the service receive sufficient social and therapeutic stimulation. During this inspection we found that the service had made improvements and people had access to suitable activities.

Care needs of people had been attended to. There were suitable arrangements for caring for people requiring care for specific physical and psychological conditions. Appropriate care plans were in place.

The service had a policy on ensuring equality and valuing diversity. Effort had been taken to respond to the diverse needs of people who used the service.

At our last inspection the service did not have effective quality assurance systems for monitoring and improving the quality of the service provided for people. This was a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). During this inspection we found that the service had made improvements and people expressed confidence in the management of the home. Checks and audits of the service had been carried out and action had been taken to rectify deficiencies noted. We however, noted that some deficiencies noted by us had not been identified and promptly responded to. These included issues related to safety and staff supervision and appraisals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was requires improvement (published 5 October 2019) and there were breaches of regulation in relation to safe care and treatment and person-centred care. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service, and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns received about staffing and the safety of people who used the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains as Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenways on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

Some aspects of the service were not well-led.

Details are in our well led findings below.

**Requires Improvement** ●

# Greenways

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection visit was carried out by one inspector.

#### Service and service type

Greenways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report and information we had received about improvements made. We also reviewed information received from the local authority.

#### During the inspection

We visited the communal areas and some bedrooms. We spoke with four people using the service, the registered manager, four care staff and a staff member responsible for cleaning. We reviewed a range of care records and records related to the running of the service. These records included five people's care files, medicine administration records and five staff records. We also looked at policies and procedures, checks and audits carried out.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with the health authority acting senior infection prevention nurse, the regional director and an operations support manager of the company.

# 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 deteriorated to requires improvement. This meant that some aspects of the service were not safe.

Systems and processes to safeguard people from the risk of abuse

- The service ensured that people were protected from abuse. There were policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they were safe in the home. One person said, "I feel safe here. Staff are good and helpful. I am quite happy here." Another person said, "Staff are very good to me. The home is brilliant."
- A small number of safeguarding concerns were reported to us and the local authority safeguarding team. The home had co-operated with investigations carried out by the local authority and where needed, action had been taken to safeguard people.

Assessing risk, safety monitoring and management

- There were systems in place to keep people safe from harm. Risks to people's safety were assessed and recorded. Risk assessments included risks associated with behaviour which challenged the service, use of alcohol, smoking and certain medical conditions people had. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of how to keep people safe from these risks.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or other emergencies.
- The home had a fire risk assessment. Action had been taken to rectify some deficiencies noted. Weekly fire alarm tests had been carried out. Two fire drills had been carried out in 2020. To ensure that all staff and people who used the service have the opportunity to participate in drills, we recommend that the registered provider review their arrangements so that a minimum of four drills are carried out in a 12 month period. The registered manager agreed that this would be done.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the portable electrical appliances, hoists, fire alarm, emergency lighting and electrical installations.
- Staff checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.
- We noted that the emergency pull cords in a communal toilet and the staff toilet had been tied up so that they may be out of reach of people who had fallen to the ground. The registered manager informed us soon after the inspection that they had been untied and staff were advised that they were not to tie the cords out of reach of people.

Preventing and controlling infection



- The service had arrangements in place for the control and management of Covid-19. This was to ensure that people, staff and visitors were protected. Staff met visitors at the door and checked their temperatures before they came into the premises. Staff and people who used the service had been tested for the corona virus. Personal protective equipment, for example face masks and gloves were available for people to put on before they came in.
- Staff had received training in infection prevention and control. They had access to sufficient stocks of PPE such as gloves, shoe covers and masks and were seen using them. One person told us, "Staff wear masks and gloves when attending to me."
- On the day of inspection we found the premises were clean and tidy. A cleaning schedule was in place. The garden was accessible for people.
- There was a Covid-19 control and prevention policy providing guidance for people and staff. Guidance for the prevention of infection was also on display at the entrance to the premises.
- There was an outbreak of the corona virus after the inspection. The acting senior infection prevention nurse visited the premises after the inspection and noted that certain improvements were needed in areas such as providing guidance on when windows should be open for ventilation, when to use eye protection and disposal of used PPEs in the reception area. Prompt action was taken by the provider to address deficiencies identified and this included additional training on infection control for staff.

#### Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- The service had adequate staffing levels to attend to the needs of people. Staff were attentive towards people. They told us that they were able to complete their allocated tasks.

#### Using medicines safely

- Medicines were managed safely. The service had procedures for the administration of medicines to provide guidance for staff on how to safely administer medicines. Medicines administration records (MAR) examined indicated that people received their medicines as prescribed. There were no unexplained gaps.
- Medicines were stored securely at the home. Staff checked and recorded the temperatures of the room where medicines were stored. This ensured that the temperatures were suitable for maintaining the quality of medicines stored.
- Monthly medicines audits had been carried out to ensure that procedures were followed, and improvements made when found to be needed.

#### Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

# 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 our last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had the necessary training to fulfil their roles and responsibilities. This was a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Some staff had previously told us they had not received all the necessary training and support to enable them to do their work effectively. At this inspection staff told us they had received the required training.
- Training records examined indicated that essential training such as basic life support, moving and handling, communication, equality and diversity, safeguarding adults, health and safety, and infection control had been provided. Staff had also completed their epilepsy training and positive behavioural support training. This meant that staff had the necessary skills to effectively care for people and ensure their safety.
- Supervision had been provided for staff. However, some staff had not received recent supervision sessions and their appraisals were yet to be completed. The registered manager stated that these had been affected partly by the pandemic and the absence of a senior staff member responsible for supervision. The registered manager informed us that supervision sessions and appraisals would be completed soon.

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

- People's care plans showed that their needs had been individually assessed. Details of people's individual needs, mental health, their daily routines, cultural, religious, dietary needs and preferences were recorded. This ensured that their individual needs could be met by staff.
- The feedback received from people indicated that their preferences and choices had been responded to. One person said, "They consult with us. They are very good to me. They cook food I like and take me out to the pub."

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

- The nutritional needs of people were attended to. Nutritional needs had been assessed using the malnutrition universal screening tool (MUST) to determine people's level of need. There was guidance for staff on meeting the dietary needs and preferences of people. Fresh fruits and vegetables were available for people.
- People told us that they were mostly satisfied with the meals provided and they had a choice of a main dish. One person said, "Staff cook very well - a mixture of my ethnic food and other foods. I like them all."
- People were referred to the dietitian when this was needed. This ensured that they received appropriate

guidance.

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with social and healthcare professionals to ensure that the needs of people could be met. Records of appointments people had with these professionals were recorded. These included hospital outpatients departments such as the neurological department and memory clinic.
- Two care professionals told us that the service worked well with them to ensure the welfare of people.

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

- People's bedrooms were comfortable and well furnished. Bedrooms had been personalised with people's pictures and ornaments. This ensured that they felt at home. Window restrictors were in place to ensure the protection of people.
- Some areas of the home were being redecorated during the inspection. Some furniture in the lounges were due to be replaced and quotes had been obtained. The home had a programme for maintenance and redecoration.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives. Their care files contained information regarding their health and general wellbeing. Guidance was available to assist staff care for people with healthcare issues such as epilepsy and diabetes.
- Staff arranged appointments with healthcare professionals such as their GP, psychiatrist, occupational therapist and psychologist when needed. One person said, "I have been assessed by a healthcare professional and am due to have a chair."

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).

- Suitable arrangements were in place to meet the requirements of the MCA. Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have. Staff had received MCA and DoLS training.
- With one exception, DoLS authorisations were in place for people assessed as requiring them. The authorisations related to areas such as medicine administration for people, restrictions related to going out unaccompanied, and provision of personal care. One person's DoLS authorisation had been applied for and they were awaiting a response from the local authority concerned.

# Is the service responsive?

## Our findings

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

When this domain was last inspected on 4 March 2020, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection we noted that the service did not operate an effective system for handling and responding to complaints by people and their representatives. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- We found that the service had responded promptly to complaints made. There was recorded evidence that complaints had been responded to within the timescales set by the service. The complaints had also been checked and audited.
- The service had a formal complaints procedure. People and relatives knew how to make a complaint. We also noted that there was a record of compliments received. Several positive comments were received regarding the service provided by care staff.
- People and their relatives were mostly satisfied with the services provided. One person told us that improvements had been made following a complaint made. However, a relative told us they were not fully satisfied with some aspects of the care provided. The registered manager promptly made an appointment to follow up on this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided people with personalised care and support. People had been assessed prior to services being provided. The assessments were comprehensive and included areas such as healthcare conditions, swallowing difficulties, cultural and religious needs. Care plans were then prepared with input and consent of people or their representatives.
- The service had been able to meet the needs of people. People and their relatives told us that care staff carried out task as recorded in their care plans.
- At the last inspection, a significant number of people and relatives told us care staff did not attend at times agreed. At this inspection, with two exceptions, people who used the service and their relatives said that care staff were usually punctual and if they were late, they were informed by the service. One person said, "My carer is exceptional and does everything without having to be asked and always on time." A relative said, "The carer is very good and usually on time."
- People's care had been reviewed with them and their representatives. People and their relatives confirmed that this happened in practice. Reviews of the care provided were kept in people's care records.
- Care workers completed daily records which included personal care given and any difficulties experienced by people. This was done electronically and monitored by office staff to ensure people received the required

care.

- We examined the records of a person with diabetes. The care records contained a risk assessment and information regarding possible complications that people may experience. The guidance included instruction on action to take when people had complications such as hypoglycaemia or hyperglycaemia. Care staff were also advised to summon emergency medical assistance if needed.
- Staff we spoke with were aware of the needs of people with diabetes and they told us they had received diabetes training. We noted in the care records of one person that care staff were instructed to ensure they attended to the person on time. This was because for health reasons, it was essential that people with diabetes had their meals promptly.

#### 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.

- The service had a communication policy. The communication needs of people had been assessed and this was recorded in the care records so that care staff knew how to meet these needs.
- The registered manager stated that the service employed a mix of staff who spoke a number of languages. He added that where possible staff could be matched with people who spoke the same language so that communication with people could be improved.
- The registered manager stated that they currently did not have anyone who required special arrangements to improve communication. However, he stated that if needed, they would produce policies and procedures in various formats such as large print and in pictorial format so that they could be easily understood by people.

#### End of life care and support

- At the time of our inspection, the service was not providing end of life care.

# 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 our last inspection this key question was rated as requires improvement. At this inspection this key question remains as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- At our last inspection the provider did not have effective quality assurance systems for monitoring and improving the quality of the service provided for people. This was a breach of Regulation 17, Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17. However, further action is needed to ensure that deficiencies are identified by both the registered manager and senior management of the company and promptly rectified.
- The service had a quality assurance system. The registered manager carried out weekly checks and monthly audits of the service. These audits included areas such as complaints, accidents, care documentation, medicines, health and safety and staffing arrangements. The regional director also conducted monthly comprehensive audits. We examined the recent November audit and noted that some action had been taken in response to deficiencies previously identified.
- Although we had noted significant improvements in care documentation and in feedback regarding the care provided, we however, noted that there were still deficient areas such as insufficient fire drills, emergency pull cords not untied, some staff supervision and appraisals not carried out.

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

- Staff had consulted with people and their representatives regarding how they could meet the needs of people. Minutes of monthly meetings indicated that staff had consulted with people and obtained their views regarding the care provided. The feedback from people was positive and indicated that they were happy with the improvements made.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people. One staff said, "We are treated fairly and there is a family atmosphere." Another staff said, "Things have improved. We are well treated and there is good teamwork."
- People told us that they had confidence in the management of the home. One person said, "I am happy here. The manager does a good job."

### 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

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed

to report notifiable incidents to us and to the local authority.

- Care documentation and records related to the care of people were well maintained.

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

- People had opportunities to feedback about the care provided. The minutes of a recent meeting indicated that people were mostly satisfied with the services provided. One person said, "We got residents meetings and can make suggestions."
- An annual survey had been carried out. The analysis of completed feedback forms indicated that both people who used the service and their relatives were mostly satisfied with service and care provided.
- People's diverse and individual needs had been met. People had been enabled to continue with their religious and cultural observances. The service had purchased a festivals of the world calendar which was used to plan activities. People and staff were encouraged to discuss their religion and cultures in "tea and talk" sessions leading up to commemorative dates.

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

- The registered manager was supported by a deputy manager, an area manager, directors of the company and a quality assurance manager.
- With one exception, staff felt well supported. They told us the registered manager was approachable and listened to them. One staff member said, "The home has improved, the manager is approachable." Another staff member said, "There is good teamwork. I am happy with the management."
- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service. Staff told us that morale among them was good.
- We saw that staff went about their duties in a calm and orderly manner. They were knowledgeable regarding their responsibilities towards people.

Working in partnership with others

- The service supported people to have effective links with the local community through accessing local cultural and religious services. This ensured that people were aware of what was happening in the local community.
- Staff worked in partnership with others to ensure people received good quality care and support. The registered manager had attended meetings with staff from the local authority monitoring department and Public Health England to obtain guidance regarding infection control issues. Feedback from two social care professional indicated that staff communicated and worked well with them to meet people's needs.
- There was documented evidence that the service had accessed the services of local healthcare professionals to ensure that people's special needs were met.
- People's relatives and representatives had been sent information to update them on the running of the home and the care of people.