Ruby Care Limited

Woodlands Farmhouse

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Woodlands Farmhouse is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. There was also a small domiciliary care service being run from the same site but separate to the care home. However staff from the domiciliary service do help out in the home to ensure care is provided when needed by people.

The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Woodlands Farmhouse accommodates 12 people with an additional respite bed in one adapted building. There were 10 people living in the service at the time of our inspection visit.

There was a registered manager in post but the day to day running of the service was with a care manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations.

There were systems and practices in place to protect people from situations in which they may experience abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, the necessary provision had been made to ensure that medicines were managed safely.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs. Background checks had been completed before care staff had been appointed.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong. The service recently had an outbreak of a serious infection brought into the home by a visitor, which affected everyone. So the staff were very aware of the actions they need to take to keep the chance of infection spreading to a minimum.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Care staff had been supported to deliver care in line with good practice guidance. People enjoyed their meals and were supported to eat and drink enough to maintain a balanced diet.

People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations. The home was going through a refurbishment programme to improve the fabric of the building.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They were also supported to express their views and be actively involved in making decisions about their care as far as possible. Confidential information was kept private.

People received personalised care that was responsive to their needs. Care staff had promoted positive outcomes for people who lived with dementia including occasions on which they became distressed. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good experiences for people. People benefited from there being a management framework to ensure that staff understood their responsibilities so that risks and regulatory requirements were met. The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made.

Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people consistently received safe care. Good team work was promoted and staff were supported to speak out if they had any concerns about people. In addition, the manager and registered manager worked in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Woodlands Farmhouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced, comprehensive inspection took place on 24 and 26 January 2018. At the last inspection in November 2015 we rated the service as good and at this inspection we found the service remained good.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people. On the 25 January 2018 the domiciliary care service based on the same site, but detached from the home, was inspected by the Care Quality Commission.

Before our inspection visit we looked at information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke with seven people, four care staff, the manager and the registered manager who was also the registered provider. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed two staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at three people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records. This is when we looked at people's care documentation in depth;

obtained their views on their experience of living at the home and made observations of the support they were given.

Good

Is the service safe?

Our findings

People continued to receive care that was safe. Visitors entering the home had to ring the doorbell and wait for the staff to unlock the door via a keypad system. The manager explained that staff would go to the person living in the home and ask them if they wanted to see their visitor rather than taking the visitor to them. People told us they felt safe at the service. One person said "I feel safe here" adding "I don't have to ring my bell at all, the staff are always popping in to make sure I am alright." Another person told us "I am safe and sound here."

There were systems in place to protect people from situations in which they may experience abuse. Records showed care staff had completed their safeguarding training and had received guidance in how to protect people from abuse and this was included in the induction for newly appointed staff. We saw from the records that safeguarding was regularly discussed at staff supervision sessions. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Staff knew how to use the whistle-blowing procedure if the staff or managers did not listen or act on their concerns. One staff member told us, "I would report any concerns to the manager, then if I have to I would take it to the owner and I would go to CQC if nothing was improving."

Each person had their own medicine profile and Medicine Administration Record (MAR) with their photograph attached and consent given. One person who used the service explained "I don't need tablets," another person told us "they bring me my tablets every morning."

For people who required medicines, 'as and when necessary', guidance was given to staff about the dosage, the reasons for giving it and the possible side effects. Records showed that these arrangements were reviewed regularly. Information was available to staff about people's medicines, the average dosages, cautions and side effects.

People's preferred methods of taking their medicines were also recorded, such as choice of time, with a spoon or in a cup, liquid or tablet. Body charts and instructions were used to apply topical applications such as ointment, cream and patches.

All staff that dispensed medicines had received training within the last year and medicine procedures were checked by the pharmacist supplying the home. The manager told us the staff completed the e-learning medicine module, the practical test, and training from the supplying pharmacy. The manager also observed and audited the staff's ability to give medicine competently.

The service followed the legal requirements for the ordering, storage, dispensing and disposal of medicines. Room and fridge temperatures were maintained and recorded daily to preserve the medicines as required.

Risk assessments were in place and identified the risks associated with people's care and support needs. Risk assessments were completed for people's moving and positioning, choking, breathing, falls, weight loss, pressure care and personal care. The information recorded was up to date within people's care records and these were securely stored but available to staff to view. Staff were aware of people's individual risks and how to help keep them safe whilst ensuring any restriction on people's freedom was minimised. Records confirmed that people at risk of falls and developing pressure ulcers were regularly checked.

Risks assessments had been completed on the environment and actions had been taken to ensure people were safe within the service. We looked at the home's maintenance and servicing records. They showed that equipment such as fire safety equipment, hoists and the assisted bath were regularly checked to make sure people were kept safe. However the electrical appliances were last tested in September 2016. When this was pointed out to the manager they arranged for the electrician to come to the home to carry out the electrical equipment testing. On the second day of our inspection we saw that the electrical appliances had been retested and up to date.

Adequate numbers of staff were available to provide the care and support as detailed within people's individual care plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. The manager regularly monitored the needs of people to ensure there was sufficient staff and explained how because with their link with the onsite domiciliary care service they could bring in staff when required.

The care coordinator explained "some of the care staff work across both organisations, this leads to a joined approach to care" Adding "staff work in the home on a flexible basis, if the residents needs identify an increase in care staff is required this is put in place." Staff were always supported by a management team which they could call upon if the workload suddenly changed. A manager explained "The home staff are backed up with a robust on call rota from members of the management team." One person who used the service said "there are always plenty of staff around here." During our two days of inspection we regularly saw more staff working in the home than those who were on the roster to work those days.

Personal emergency evacuation plans (PEEPs) were in place for people living at the service. This provided staff and emergency services with information on people's support needs in the event of an emergency evacuation of the building. Staff also had information and access to emergency contact numbers to respond to an event that could affect the running of the service. We looked at the home's business continuity plan and noticed that the location of the water stop cock and main gas tap were not clearly identified. The manager had added this information in by the second day of our inspection.

The records showed the health and safety environmental checks of the home were detailed and regularly carried out. We pointed out a shower room door which was too narrow for the doorframe therefore compromising people's privacy and dignity. This issue was temporarily resolved by the second day of our inspection and a long term solution had been planned.

The service had an effective recruitment process which included dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The volunteer who worked in the home had also been checked to ensure they were safe to work with vulnerable people.

There were suitable systems to protect people by the prevention and control of infection. There had recently been a serious outbreak of a viral infection in the home. The home had liaised with outside agencies to

ensure the care staff knew what to do to get rid of the infection which had now gone. The manager reviewed and monitored the provision which needed to be made to ensure that good standards of hygiene were maintained in the service. We observed staff wearing gloves and plastic aprons to keep the risk of cross infection to a minimum. There were a lot of people passing through the kitchen so we asked the manager to risk assess the situation to ensure there is no increased risk of contamination.

We found that the accommodation was clean and had a fresh atmosphere. We also noted that equipment such as hoists a person's individual slings was washable and surfaces kept clean. We saw that care staff recognised the importance of preventing cross infection. There was antibacterial soap available for everyone to use on entering the home and toilet and bathrooms were equipped with soap dispensers, lidded bins and paper towels. We pointed out that the worn bannister rail had its paint removed due to the staff regularly wiping it down and a repaint would reduce the risk of surface borne infection. On the second day of our inspection the bannister had been rubbed down in preparation for a repaint.

The manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the managers had analysed accidents and near misses. The manager also explained how the recent viral outbreak in the home made them review their infection control procedures. We noted that the service had responded to safety issues we had identified by the second day of our inspection.

Good

Is the service effective?

Our findings

During the inspection we received many positive comments regarding the staff from people who used the service. One person told us "The staff look after us well" and "they really know what they are doing." Another person stated "the staff are terrific in everything they do" and another stated "they are really good."

Our observations showed staff were confident and knew how to support people in the right way. Throughout our inspection, we saw that people, where they were able, expressed their views and were involved in decisions about their care and support. We observed staff seeking consent to help people with their needs.

We found that robust arrangements were in place to assess people's needs and choices so that personal care was provided to achieve effective outcomes. The manager went out to assess people before they moved into the home. This was done to make sure that the service had the necessary facilities and resources to support the person after they moved in. Records also showed that the registered manager's assessment had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager clarifying with people if they had a preference about the gender of the care staff who provided them with close personal care and about what food they may be unable to eat because of religious grounds or beliefs.

Staff we spoke with said the training was good. The provider maintained a spreadsheet record of training and courses completed by staff which the provider considered as mandatory to providing effective care. This allowed the provider to monitor when this training needed to be updated. These courses included fire safety, infection control, moving and handling, health and safety, food safety, safeguarding people and the Mental Capacity Act (MCA). Additional training was available to staff in specific conditions such as end of life care, dementia and diabetes. Staff we spoke with informed us of the training in place within the home, one staff member stated "I do online training" another said, "I have carried out training on the computer, practical training and classroom based training." Another staff member said "the home brings in trainers from outside for some topics."

Staff received supervisions with the registered manager approximately five times per year and notes of supervision meetings confirmed this. Staff told us they found supervision meetings helpful. We reviewed records of staff supervision which noted that the focus was clearly on staff welfare. It was evident staff could raise issues of importance to them. The staff we spoke with confirmed this. One member told us "we have regular supervisions" and another member of staff added "we have yearly appraisals."

People told us they enjoyed their meals and gave us many positive comments regarding the quality of the food in the home. One person stated "The food is very good." another person said "The choice of food is good, you can choose what you want for breakfast and tea." People went onto explain "Lunch is a set meal but if you don't like it they will try and get you something else" Another person told us "The food choice is okay but the food tastes terrific." One person said "I had two breakfasts today." The manager explained that people were asked what they would like to add to the weekly shopping list to ensure they were included in

choosing their food.

We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The dining tables were neatly laid and people were offered a choice of meals which were attractively presented.

We found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. We observed people's likes and dislikes were documented and accessible to staff.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this included care staff readily having to hand important information about a persons' care so that this could be given to ambulance staff if someone needed to be admitted to hospital. We saw two information transfer sheets which were called 'Emergency services hospital passport' and included the medication the person was on and their last wishes. One person told us "I can see the doctor any time." And another said "thank God I never need to see the doctor, but if I needed too they would get him."

People continued to receive effective care. People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dieticians.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. There was sufficient communal space in the dining room and in the lounge. The manager explained that signage was kept to a minimum because the service wanted to keep a homely environment and the home had a simple layout which people understood. Everyone had their own bedroom that was laid out as a bed sitting area so that people could spend time in private if they wished. Furthermore, people told us that they had been encouraged to bring in items of their own furniture and we saw examples of people personalising their bedrooms with ornaments, personal memorabilia and photographs.

The home was undergoing refurbishment and the respite bedroom was going to be upgraded to a good standard. The registered manager told us they were aware the home "looked tired" and was going to continue a redecorating schedule.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. This involved the registered manager and care staff following the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the manager had ensured that decisions were taken in people's best interests. An example of this was the manager liaising with relatives and healthcare professionals when a person needed to have rails fitted to the side of their bed. This was in their best interests because without them the person was at risk of rolling out of bed and falling.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware of these arrangements but currently no one was being stopped from leaving the premises, refusing personal care or medication.

Good

Is the service caring?

Our findings

The service continued to be caring. We observed the way staff and people interacted and the care that was provided. Our observations showed us people were positive about the care and support they received. People appeared comfortable and on our arrival at the home on our first day it was one of the people in the home who was trying to open the front door for us. All interactions we saw were comfortable, friendly, caring and thoughtful. Staff behaved in a professional way. People enjoyed the relaxed, friendly communication with staff. When staff assisted people, they explained what they were doing first and reassured people.

During the inspection people who use the service told us "I am happy here, they help me." another person said "Everything is good here." A third person stated "I like it here; staff are really good, kind and caring." Another person added "Staff are very caring they look after you so well." One person mentioned "I've no complaints; I would not stop here if it was not so good." A person told us "my son asked me if I wanted to move to another home, I told him no, it's so good here."

The care plans showed that people were encouraged to be themselves and make choices. A care record had a section asking what a person liked to drink and the assessor had written "ask her". This was an example of where staff were encouraged to respect people's independence. During the inspection I noted that some of the residents had brought some of their own furniture into the home with them, I also noted that one person had brought their pet cat into the home and now lives in the resident's bed room. One person said "what you want you can ask for and you will get it."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Care staff were informal, friendly and discreet when caring for people. We witnessed positive conversations that promoted people's wellbeing. An example of this occurred when the manager organised a game of dominoes with a person to occupy them and knowing that they would probably beat the member of staff. One person could not remember where the toilet was and staff kindly said, "I will show you where the toilet is. I am going that way anyway." Staff spoke with people as they went about their work and spent time with people who were cared for in their rooms. All of the people we spoke with appeared happy in the home. One person said "I am blind the staff try to meet my every need." Another person stated "I've no complaints."

Personal histories had been completed for people and provided staff with information about people's earlier lives, their food likes and dislikes, travel, music and activities they liked to do. We saw from the care records that families had also been encouraged to write about what their relative enjoyed before moving into the home. This enabled staff to see what was important to the person and how best to support them.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed that the manager had encouraged their involvement by liaising with them on a regular basis. People who used the service told us "They discuss my care with me I can make decisions on what I want." Another person stated "Yes, they did involve me."

Care plans detailed and held information on people's communication needs relating to any disability, impairment or sensory loss. The service was responsive to people's communication needs and provided service user guides in large print or a pictorial format if required. For example the weekly activities timetable was presented in large writing and coloured pictures. This showed that consideration was given to the assessed abilities of the people in the home.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs. People and their relatives told us that the staff listened to them and took account of their preferences when providing their care. Many of the people using the service had lived in the home for several for years and there was a stable staff team. As a result, staff had got to know people in depth; understood their needs and were aware of how people wanted to be supported. The service undertook a full assessment of people's needs and gathered information about them prior to them coming to the home. One pre admission assessment contained a lot of detail supplied by the family. This was done to ensure the service was prepared and able to meet the people's needs.

Pre admission assessments were also used to help ensure the new person would fit in with the people already living in the home. The manager informed us they sometimes turned down a potential admission because "We have to consider the quality of life of the people we already have in the home; after all it is their home."

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. We saw several letters from health professionals sent to the service advising staff on what they had to do to keep people well. For example care files contained letters from the 'memory clinic' and their advice was added into the care records.

Staff confirmed any changes to people's care was discussed at shift handovers to ensure they were responding to people's care and support needs. Staff were filling in very detailed booklets every day, which contained information about every aspect of the person's life in the home. This meant people were getting very detailed care from staff on a daily basis. One member of staff explained "We have regular staff meetings and if the resident's condition changes between these meetings we are updated on a 1-1 basis."

People's likes and dislikes were clearly recorded in their care plans. For example, one person enjoyed listening to the radio and another liked gardening. The service had recorded which radio station the person listened too and in the summer an area in the garden was allocated to people who wanted to continue gardening. People's wishes were respected by the service. For example, one person had not wished to have a bath every day and this was respected.

The service listened to how people wanted to spend their lives. Following a residents meeting a few people wanted more outings. The service responded by booking wheelchair friendly taxis on a more regular basis. Staff supported people to engage in a variety of activities and to try new things. We saw people involved in a weekly programme of activities. These included regular scheduled activities as well as sessions created to ensure all people were included. One gentleman enjoyed dominos and was happy to play them with staff. The manager also explained that people were supported in continuing household chores; so there were instances where people helped with the dusting or setting out the dining table but this would always be with supervision. One person told us "I never get bored here", another person stated "There is always something going on." A person told us "the staff arrange things for you to do" adding "we have visitors come into the home and we go out on trips, we are going out shopping tomorrow."

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. For example, one member of staff told us, "A vicar comes in twice a month for one of our ladies who wants to practice her faith." The person's request corresponded with information contained in care records.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. Formal complaints were dealt with by the manager, who would contact the complainant and take any necessary action. The written complaint's procedure would benefit from inclusion of another level of management for the complainant to appeal to if they were unhappy with the response from the first level manager.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. The care records showed that the service listened to people's wishes and took the family's and the GP's views into consideration. The records also showed that the majority of people were undecided or their wishes were unclear, so the expectation was that in the event of a medical emergency they would be resuscitated.

Good

Is the service well-led?

Our findings

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

People, their relatives and staff were actively involved in developing the service. People were empowered to raise their opinion during regular resident's meetings and were also provided with any information they needed by the manager. For example, one person stated "I had cobwebs in my room, I mentioned it at the meeting and it was sorted straight away."

A customer satisfaction survey was carried out that included questionnaires sent to people who used the service, their relatives and professionals involved in people's care. People who contributed to last year's questionnaires included a GP and social worker. We saw that the results of the most recent survey were positive, with all of the people who responded saying they were either happy or very happy with various aspects of care including, for example, information, support, choice and involvement.

Staff spoken with were able to tell us about the vision and values of the organisation and how these were put into practice. A staff member commented, "The vision for the service is for it to be person- centred, to be people's home and inclusive".

People told us the management team were approachable and they could discuss any issue with them. One person told us "They always try to help." Staff team meetings were held on a regular basis and staff were encouraged to add items to the agenda for discussion.

Staff told us they felt supported by the management team. A member of staff said, "The management are really approachable. I feel supported by the management. I work very close with them". An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. A member of staff told us, "If we had any concerns, we would raise these with the management. They would listen to us".

The service continued to have systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks for reviewing medicines, management, quality of care records, support provided to staff and environmental health and safety checks. We saw that when improvements were required, these were promptly actioned.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action

had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.