Seymour House Residential Care Homes Limited

# Seymour House-Northwood

## Inspection report

34 to 38 Chester Road
Northwood
Middlesex
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Tel: 01923823466

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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

About the service
Seymour House-Northwood is a care home for older people, some of whom may be living with the experience of dementia. The home accommodates up to 36 people residing in single bedrooms with en-suite facilities. There were 31 people living at the home when we inspected. There are two lounges, a dining room, a quiet room and a large garden area.

People's experience of using this service and what we found
People were supported by staff who treated them with dignity and respect in a caring manner. Relatives spoke positively about the care people received and one relative commented, "I would highly recommend it to anyone thinking of care for their loved one."

Staff supported people to be safe and meet their needs. People were supported to have maximum choice and control of their lives and staff did supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place to monitor the quality of the service and recognise when improvements were required.

People were supported to maintain their health and access healthcare services. Staff worked with other agencies to provide people with joined up care. People received their medicines as prescribed. There were arrangements in place for preventing and controlling infection.

People's assessments and care plans set out how staff should support people, along with some personalised information about people, their preferences for their care, and their communication needs. People were supported at the end of their life to have a comfortable and dignified death.

Staff arranged and supported people to engage in a variety of activities that were meaningful to them and people could choose how they spent their time. People and their relatives knew how to raise concerns or complaints and were confident they would be listened to. The provider sought feedback from people, relatives and staff and used this to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 9 January 2019).

Why we inspected
We undertook this targeted inspection to follow up on concerns which we had received about infection prevention and control at the service. A decision was made for us to inspect and examine those risks. 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. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was not always well-led.

Details are in our well-Led findings below.

# Seymour House-Northwood

**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
One inspector undertook this inspection.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection and from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, a senior care worker and a chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records, four staff files in relation to recruitment and supervision, and a variety of records relating to the management of the service, including policies and procedures and medicines systems.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives of residents of the care home and two staff.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people using the service from the risk of abuse. Relatives told us they felt people were safe.
- Staff we spoke with had completed safeguarding awareness training and records confirmed this. Staff knew how to respond to safeguarding issues and raise concerns to their supervisors or the registered manager. Staff felt confident that the senior team listened and responded to concerns promptly, although they also knew about escalating concerns to other agencies if required.
- The registered manager promoted staff awareness about safeguarding during new staff inductions, supervisions and team meetings. One member of staff said, "We talk a lot about this with our team leaders."

Assessing risk, safety monitoring and management

- The registered manager completed risk management plans to assess and reduce risks to people's health, safety and well-being. These plans considered risks such as pressure sores, mobility and nutrition and set out actions for staff to help people to mitigate those risks. For example, we saw one person's plan stipulate how to support them to use a walking frame safely.
- The registered manager completed a range of checks to monitor and maintain a safe environment for people. These included checking window restrictors, water temperatures, mobility and first aid equipment, lift servicing, the nurse call system working and emergency evacuation routes.
- The provider made sure there were appropriate fire safety arrangements in place. These included a fire safety risk assessment that had been reviewed recently by a fire safety professional and no service deficiencies were found. Fire safety equipment, such as extinguishers and emergency lighting, was in place and checked regularly. The provider also regularly ensured fire doors, fire alarm call points and evacuation routes were working and clear. Staff practiced fire drills every six months. The staff had completed fire safety training so they knew what to do in the event of an emergency.

Staffing and recruitment

- The registered manager arranged for enough staff to be on shift to support people to stay safe. Staffing rotas at the time of our inspection indicated sufficient staffing levels. The registered manager maintained this during a recent COVID-19 outbreak by helping to provide care themselves, using part-time and bank staff, and engaging temporary agency workers. The provider ensured agency workers only worked at this home to minimise the risk of spreading the infection.
- Staff told us there were enough staff on shift, although acknowledged it had been stressful to maintain this during the recent outbreak. We observed staff respond in a timely manner to people's requests for

support and call bell alerts when they sounded.
● The registered manager regularly reviewed staff requirements based on the needs of people using the service to make sure there were enough staff to meet people's needs.
● The recruitment records showed the provider had completed necessary pre-employment checks to make sure so they only offered roles to fit and proper applicants.

Using medicines safely
● The registered manager had appropriate systems in place to make sure people received their prescribed medicines safely.
● People's care plans provided information about their prescribed medicines, including medicines to take 'when required'. These are medicines given or taken only when needed, such as for pain relief. Staff signed medicines administration records (MARs) to indicate they had supported people to take their medicines as prescribed. The MARs we viewed had been completed appropriately.
● The provider had safe systems in place for ordering, handling and disposing of medicines, including controlled drugs. During the inspection we observed the registered manager liaise with healthcare professionals, including a dispensing pharmacist, so they could obtain a person's newly prescribed medicine in a timely manner.
● Staff who supported people to take their medicines had completed training on how to do this appropriately. The registered manager had assessed their competency do provide this support safely.
● The registered manager monitored the medicines management processes to make sure they were effective. This included auditing the handling and recording of controlled drugs, the correct use of MARs, and checking medicines stocks being held.

Preventing and controlling infection
● There were arrangements in place for preventing and controlling infection.
● The provider accessed regular COVID-19 testing for people using the service and staff. This helped them to monitor people's safety and well-being and identify the recent outbreak the service experienced.
● The provider gave staff information and training on infection prevention and control, including about COVID-19. Staff were provided with suitable personal protective equipment (PPE) to work with people safely. This included gloves, aprons, face masks and alcohol gel hand sanitiser. The manager monitored staff to make sure they used this appropriately. We saw staff using PPE safely during our visit. Staff told us they could always access supplies of this when needed.
● Staff completed regular cleaning of communal areas, including frequently touched surfaces, and people's rooms on a daily basis. They recorded this in daily cleaning schedules. The home appeared clean and free of offensive odours when we visited.
● The registered manager had processes in place to admit people to the service safely. They also had safe protocols in place to help prevent visitors from catching and spreading infections.

Learning lessons when things go wrong
● There were procedures in place for responding and learning from incident and accidents.
● Staff used a digital system to record what happened and how they responded to incidents. The registered manager was able to monitor these to identify further actions to be taken and learning to reduce the risks of incidents. For example, taking action to keep a person safe from the risk of falls.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider assessed people's ability to consent to their care in a way that met the requirements of the MCA.
- The service supported people to undertake regular tests for COVID-19. Shortly before our visit the service had also made preparations to support people to receive vaccination injections for COVID-19. The provider had completed assessments to determine these interventions were in the best interests of people who lacked the mental capacity to consent to them. This included consulting with people's relatives.
- The provider had also appropriately assessed other decisions regarding a person's care arrangements when they lacked the mental capacity to consent to these. For example, using bed rails at night to reduce the risk of a person experiencing falls.
- The provider had worked with the local authority when it considered people lacked the capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. The provider obtained a copy of the legal authorisation when a person's deprivation of liberty had been authorised.
- Staff had completed awareness training on the MCA and could explain how they supported people making day-to-day decisions in line with the principles of the MCA. For instance, when a person may refuse their medicines or help with personal care.
- The provider included people's families in discussions about care arrangements to help people be involved in decisions about their care. Relatives we spoke with also said they always felt included in people's

care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager assessed people's care needs before they moved to the service. Assessments recorded basic information about the person and their care needs, previous medical history and information about things important to the person. For example, known allergies and interests. People's relatives had been involved in discussions about people's needs, where appropriate.
● We saw some people's care plans identified that they could act sometimes in a way that others may find challenging. Their care planning included behaviour support plans that set out how staff should support them at such times. We observed staff support a person in line with their behaviour support plan during our visit.

Staff support: induction, training, skills and experience
● People were supported by trained and competent staff.
● Records indicated staff had completed a range of training to be able to support people competently. This included person-centred care, continence care, supporting people living with dementia, and moving and handling support. Staff told us they found the training helpful. The registered manager and the provider audited records regularly to ensure staff completed their training or refreshers of it when required.
● Staff told us they felt listened to and supported by their seniors. Staff received regular supervisions and annual appraisals of their performance with their line managers. Records indicated supervisions took place regularly. Staff said they found these helpful and they included discussions on the care they provided, their development and their well-being.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff supported people to maintain their health and access other healthcare services when required.
● Care records indicated staff and the registered manager were in regular contact with relevant healthcare professionals to support people to meet their health needs, such as the GP, nurses, and speech & language therapists. Relatives told us examples of how staff had monitored people's health and contacted healthcare professionals in a timely manner when needed, such was when a person may have developed a chest infection. Relatives said staff kept them informed when this happened.
● The registered manager completed a monthly 'residents' health audit' to monitor people's health issues. This included any falls, infections, incidents and hospital admissions people may have experienced. They reviewed this information to identify trends in the issues noted and took action in response to this. For example, liaising with health care professionals to monitor the amount a person was being encouraged to drink.
● People's care plans contained specific information on their oral health needs and how to support them with this. This included when a person needed just reminding or physical support to clean their teeth. Care records showed the service enabled a dentist to check people's teeth regularly. Staff records indicated they had completed oral care training. This helped staff understand how to support people to maintain their oral health.

Supporting people to eat and drink enough to maintain a balanced diet
● The registered manager ensured people were drinking enough fluids, so they remained hydrated.
● People's care and risk management plans included nutrition and hydration assessments that indicated if they needed support to eat and drink. These assessments were reviewed regularly.
●Staff recorded people's daily fluid intake consistently where this was an assessed care need. The registered manager explained how staff had liaised with health care professionals for advice and support

when a person's fluid intake was low. Care records confirmed this had taken place.

● We saw staff support people to eat and drink throughout the day. We observed lunchtime in one of the lounges and saw staff support people with a relaxed and unhurried approach. Relatives felt people were supported to eat and drink a balanced diet. Their comments included, "They are very patient to make sure they get fluids and foods into [the person]. One spoon at a time." One relative described how staff knew about and supported a person with their favourite food treats.

● Meals were prepared on site using fresh ingredients. There was a choice of meal options each day. Kitchen staff we spoke with knew, and had written information about people's dietary needs, including their cultural preferences or any soft or pureed food requirements.

● The registered manager was aware of and planned to support the national initiative to provide care home residents with vitamin D supplements.

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

● The building appeared suitable to meet people's needs. People had individual bedrooms and with en-suite bathrooms, which were clean and free from unpleasant odours. Some people's rooms were personalised with individual decorations.

● The home was well lit, tidy and in a state of good repair. People could access the garden areas at the rear. We observed staff support people to do so when they wanted.

● There were a number of communal lounges, a quiet room and a dining area. At the time of our inspection the registered manager had ensured staff supported people to use all of these for sitting and eating their meals. This helped people to socially distance when required to promote infection control. The communal areas were decorated with some homely features such as paintings, pictures and photographs of people taking part in previous activities and celebrations.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us people were treated well. One relative said, "[Staff] are loving, affectionate… endlessly gentle and patient at all times." Another said, "Staff are absolutely excellent, unfailingly."
- We saw staff supporting people in a caring and attentive manner. This included staff greeting people, letting people know what staff would like to support them with and encouraging people to eat and drink.
- People's care plans recorded information about their personal characteristics, including marital status and cultural and religious background. This meant staff were provided with personalised information to help them know and understand people's needs. The registered manager told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had received training in promoting equality and diversity with people, but this did not include promoting inclusion for LGBT+ people. We discussed this with the registered manager so they could look into arranging this training to promote a more inclusive service.

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

- People and their relatives were involved in planning and reviewing their care. Relatives told us the service consulted them on decisions regarding their family member's care. This gave people and those important to them the opportunity to make decisions about their care and support arrangements.
- During our visit we observed that although the staff were busy, some had the opportunity to sit with people and provide them with unhurried one-to-one support. We saw staff supporting and respecting when people made day-to-day choices about their care. For example, when a person wanted to see the weather in the garden or when a person wanted to go outside for a cigarette.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence.
- Staff described how they promoted people's dignity and privacy when supporting them. This included being polite to people, making sure doors and curtains were closed during personal care, and always explaining to a person how they are supporting them. Staff told us how they promoted confidentiality about people's information. We also observed staff responding promptly to a person who appeared in some discomfort or distress in a calm, supportive manner.
- Staff supported people to make day-to-day choices about their care. For example, we observed staff

support people patiently to stand up and walk safely when they wanted to.

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff supported people in a planned way that recognised and reflected their individual needs and personal preferences. Relatives told us they rated people's care highly.
- People's care plans provided personalised information about them and their preferences for their care, such as how they preferred to be addressed and the gender of carers who supported them. This helped people to have choice and control about how staff met their needs. For example, one person's plan described how they liked their medicines to be presented and a specific phrase of encouragement for staff to use to help the person with this.
- Care plans also contained some information about people's life histories and interests. For example, one person's plan included anecdotes from their time at school. This helped staff to develop an understanding of a person's whole life and not just their care needs.
- During our visit we observed staff being responsive to people's needs. For example, responding promptly to people's conversation remarks or requests for help with something.
- Records of daily care showed people received care and support to meet their needs as planned.

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.

- People's care plans identified and recorded their communication and sensory impairment needs. Plans then set out how staff should meet those needs. For example, one person's plan explained the need for staff to use clearly spoken short sentences. Another plan stated the person needed glasses and staff should "Speak slowly, use uncomplicated answers, and encourage eye contact."
- Training records showed staff had attended workshops on supporting people with their hearing impairments to help ensure staff could meet their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships outside of the service, such as with their families.
- The registered manager had arranged for safe visitor opportunities for relatives during the pandemic, in line with national guidance. For instance, socially distanced visits in the garden, window visits and visits with

a protective plastic between parties. Staff supported some people to use video calls to keep in touch with their families. One relative said they appreciated staff's efforts to celebrate their family member's birthday and share pictures of this when they could not visit in person. Another relative told us they could visit at any time before the pandemic and felt welcomed by staff. The relative said, "They told me, 'This is your [family member's] home.'"

● During our visit we observed staff supporting a person to recognise and speak about a picture of his wife, which he appeared to enjoy.

● Staff supported people to engage in a range of activities. Before people were supported to socially distance in the home, this support encouraged people to interact with others and reduce the risk of social isolation. Activities included exercises, dancing, gardening, arts and craft sessions, bingo, hand massages and a variety of armchair games, such as skittles and netball. The activities coordinator described how during the recent COVID-19 outbreak, activities were adapted to safely managed one-to-one sessions.

Improving care quality in response to complaints or concerns

● The provider had appropriate policies and procedures in place for handling complaints. The registered manager reported they had not received any formal complaints.

● The relatives we spoke with told us they knew how to raise concerns or make a complaint and felt they would be listened to if they did. Relatives said they could speak to the registered manager when they needed to.

End of life care and support

● People were supported at the end of their life to have a comfortable and dignified death.

● People's care plans included a section on a person's wishes and a plan for the end of their life. For example, one person's plan clearly stated the person did not want to be experiencing pain or distress at that time. A relative also told us the home consulted them for their views on steps to take if their family member's health deteriorated quickly.

● There was documentation in place to state how people wished to be supported in the event of a sudden deterioration in their health. These were signed and endorsed by an appropriate healthcare professional. Where appropriate, people's relatives had also been involved in the decision-making process.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider carried out checks and audits to monitor safety and quality and make improvements when needed.
- The provider conducted monthly quality monitoring visits of the service. Records of these indicated the provider checked medicines support systems, staff and training records, cleanliness and infection control, a selection of care plans and feedback from staff and people who used the service. However, we found the quality monitoring visit records of the last six months prior to our inspection regularly repeated the same information and contained the same quotations of feedback from people and staff. This meant these records provided only limited assurance that the visits demonstrated clear and effective governance arrangements for ensuring people received safe and appropriate care. We discussed this with the registered manager so with the provider they could make improvements to this monitoring.
- The registered manager also regularly completed a range of quality checks on the service. These included checking medicines support, incidents, care records, environmental safety and cleanliness. They had recently introduced a new specific kitchen safety audit to record the monitoring this area in more detail.
- The registered manager reported that the provider's directors were in frequent contact with them and visited the service regularly and supported them.
- Staff told us they received feedback about their performance and issues at the service from their managers in regular supervisions and meetings. This helped staff to develop and improve in their roles.
- The provider notified the CQC of important events or incidents as required. The provider displayed the previous inspection ratings at the home and on their website, as required by regulations. This helped people to find out about the quality of the service.

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

- Relatives and staff spoke positively about the service. One relative commented, "I wish all care homes were as good as this one… That's the benchmark for good care to my mind." Staff we spoke with were proud of the service they provided. One stating, "We look after [the people] well, we treat them as a family, we really care about what they need."
- The registered manager articulated a clear vision and approach to managing the service and a commitment to maintain standards of care. Staff felt supported in their roles. One staff member said, "[The

registered manager] is a really great manager."

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; Continuous learning and improving care;
● There were processes in place to respond to concerns about people's care when things may have gone wrong. Relatives and staff said they were listened to if they did raise an issue. One staff member said, "I am sure [the registered manager] will react to my concern."
● The registered manager worked to keep up to date with changes in adult social care guidance and legislation. This included attending online meetings organised by the local commissioning authority during the pandemic. The registered manager said the provider supported them to attend training and events for their continued professional development.
● The registered manager invited relatives and other stakeholders to complete annual questionnaires so they could give feedback about the service. The registered manager compiled the most recent responses in the month prior to our visit and we saw people had given positive feedback in their responses. Adult social care professional's responses included, "Staff [are] knowledgeable about residents" and responses from relatives included, "Morale appears good even in these tough times" and "This year they have been marvellous coping with COVID."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives had opportunities to be involved in and influence the running of the service.
● The registered manager and staff kept relatives informed about their family members' well-being and developments at the service. We observed staff relaying such information to people on the telephone regularly during our visit. Relatives confirmed to us they felt informed about and involved in the service. A relative told us, "Communication is first rate."
● The registered manager held regular team meetings to discuss the service. We also saw one of these meetings had been arranged specifically in response to staff requests for it. The meetings included topics such as COVID-19 policies and procedures, staff training and staff conduct.
● The activities coordinator convened regular meetings with people who used the service to discuss the activities being provided and suggestions for new things for people to try.
● The registered manager had arranged for some staff to deliver training workshops to their colleagues over the last year. This covered topics such as hand hygiene, catheter care, infection control, oral care and first aid. These opportunities enabled staff to be involved in and influence service provision.

Working in partnership with others
● The service worked in partnership with other agencies, such as therapists, consultants and healthcare professionals, to help to provide coordinated care to people.