Aldbourne Nursing Home Limited

Aldbourne Nursing Home

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

About the service: Aldbourne Nursing Home is a care home that is registered to provide personal and nursing care to up to 40 people. At the time of the inspection, 31 people were living at the home.

People's experience of using this service:

People were happy with the care they received and complimentary about the staff. People could follow their own routines and take assessed risks. People's privacy and dignity was promoted although not all had been asked about the gender of staff supporting them. People enjoyed the meals, which were based on preferences and fresh produce. People received regular support from a range of health and social care professionals to remain healthy. People were encouraged to give their views about the service and could join in with a range of social activities. There were strong links with the local community and the home was very much considered part of the village.

Trained staff administered people's medicines and their competency was assessed. However, information about "as required" medicines was limited in detail. This did not ensure the medicines were administered as prescribed and to maximum effect. Records did not show people's topical creams had been appropriately applied.

Whilst staff asked people's consent before interventions, records did not show the principles of the Mental Capacity Act 2005 had been followed. Information was limited in detail and did not show the least restrictive options had been considered.

Risks to people's safety had been identified yet records did not always show action had been taken to minimise these. For example, food and fluid monitoring charts were not consistently completed or analysed. Information did not always show people had been repositioned, as per their care plan, to minimise risks of pressure ulceration.

Focus was being given to the building and extensive building work was being completed. This was to enhance people's communal space and included a new dining room, hairdressing room and activities room. Whilst all areas were light and airy, the corridors lacked colour and signage to help people find their way around more easily. The home was clean and there were no odours.

There were enough staff to support people. Staff had received training in areas such as safeguarding and fire safety, as well as topics associated with health conditions and older age. Work had been completed regarding staff's strengths and learning styles to ensure a good skill mix within the team. Staff felt well supported and received one to one meetings with their supervisor to discuss their role. Safe practices were followed when recruiting new staff.

There was a strong management presence and a clear desire to ensure people received a good standard of

care. Daily 'walk arounds' and regular audits took place but shortfalls with people's documentation had not been identified. There was a strong caring ethos, which was adopted throughout the staff team.
Rating at last inspection: At the last inspection on 5 and 6 July 2016, the service was rated as Outstanding. The report of this inspection was published on 10 August 2016.

Why we inspected: This was a planned, comprehensive inspection, based on the rating at the last inspection.

Action we told provider to take: We made two recommendations as part of this inspection. This was to improve the content of Mental Capacity Assessments and the information regarding "as required" medicines and the application of topical creams.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Aldbourne Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was undertaken by three inspectors 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.

Service and service type:
Aldbourne Nursing Home is a care home service with nursing. People in care homes receive accommodation and nursing or personal care as 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 was an unannounced inspection.

What we did:
Before the inspection we reviewed information, we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we reviewed nine people's care plans and associated care records. We observed the administration of medicines and interactions between people and members of staff. We reviewed information relating to the management of the home. This included staff recruitment, training and supervision records and quality auditing. We spoke with 16 people, 13 relatives and four health and social

care professionals. We also spoke to the registered manager, clinical manager, registered nurses, care, catering and housekeeping staff.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
- Staff had completed up to date training about keeping people safe and demonstrated a good understanding of safeguarding.
- Information about safeguarding was available for staff reference when needed.
- Safeguarding was revisited in staff meetings and one to one staff supervision sessions. Staff were asked in these forums about the types of abuse and how they would report any concerns.
- Any suspicion or allegation of abuse was taken seriously and appropriately reported.
- People told us they felt safe. One person said, "I feel safe because the staff are excellent. They're always available and they never say, 'not you again!' They're never irritable about anything, so you're not worried about calling them."

Assessing risk, safety monitoring and management
- People were supported to take manageable risks to promote independence. One person told us, "I'm trying to get back to normal, so they keep an eye on me, but they let me do it".
- Risks to people's safety had been identified and steps taken to minimise them. However, whilst staff assisted people to be repositioned to minimise their risk of developing a pressure ulcer, records did not consistently show this.
- People received good support to minimise their risk of falling. This included gaining advice from the physiotherapist who visited on a weekly basis.
- Staff were aware of the support people would need in the event of an emergency. One member of staff told us, "The [fire alarm] system alerts the fire brigade, so we don't need to phone them."

Staffing and recruitment
- The numbers of staff required on each shift were calculated and regularly reviewed using a structured dependency tool.
- There was a stable staff team who covered each other at times of sickness or annual leave. If agency staff were needed, the same members of staff were requested to promote continuity.
- During the inspection, the home was calm and call bells were answered quickly.
- Most people and their relatives told us there were enough staff. One person said, "I had a fall along the corridor. I yelled and within seconds staff were swarming around me." Another person however said, "It would be nice if they could spend 5 minutes sometimes just to chat, but they're always in a hurry and have got something else to do. They're busy of course, but I'd really like that if they could."
- Appropriate recruitment checks were undertaken before a new member of staff started work at the home.

Using medicines safely

● Records showing the administration of medicines to be taken "as required", lacked detail and were not person centred.
● Staff had not consistently documented they had applied people's topical creams and there was limited guidance about the instructions for their use.
● Regular audits of the medicine administration systems took place. This included a recent audit from the pharmacist whereby the shortfalls with the application of topical creams and "as required" medicines, had been identified.
● Medicines were safely stored and disposed of if no longer required.
● Only registered nurses administered people's medicines and their competency was regularly assessed.
● We recommend that consideration is given to ensure "as required" medicines and topical creams are administered appropriately as prescribed.

Preventing and controlling infection
● The home, including those less visible areas were clean. The table linen, crockery and cutlery at lunchtime was also clean.
● Staff had undertaken training in the prevention and control of infection.
● Staff had access to disposable protective clothing and cleaning schedules were in place.
● People and their relatives were satisfied with the standards of cleanliness and the laundry service. One person told us, "I'm very happy with cleanliness, I'd give them 10/10 for hygiene. You always see them mopping and dusting etc."

Learning lessons when things go wrong
● Reflection was considered a key part of learning and development.
● Aspects of practice were reflected upon to identify if anything could have been done differently or improved upon.
● Scenarios were presented and discussed at staff meetings to improve practice. One exercise was to look at a person's daily records and consider if there was sufficient evidence to demonstrate responsive care had been given. Some learning points identified more precise, accurate and detailed information was needed.
● Risk assessments and care plans were reviewed and updated following any accidents and incidents.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People were fully assessed before being offered a place at the service. One person told us, "When I came with my family, they took a lot of information and the rest has been learned over time. They mostly know me, and I've been able to talk to them about things I want and adapt things to suit me."
- Written assessments detailed people's preferences and interests, as well as their medical history and care needs.
- Health and social care professionals contributed to assessments if needed. This included advice on poor mobility. A health care professional confirmed this and gave an example of advising about the most appropriate hoist or sling to use, to move a person safely.
- Equipment such as sensor mats and pendant type call bells were used if people were unable to use the main call bell system.
- Staff received bespoke training if required, to inform them of a person's specific health or care needs. This included information about a less known health condition such as Motor Neurone Disease.

Staff support: induction, training, skills and experience
- The management team were passionate about learning and how it improved care provision. The registered manager said it was their role to, "Help the team to be great."
- New staff followed a nationally recognised induction programme and worked alongside more experienced staff before working on their own.
- Staff had completed a range of training deemed mandatory by the provider and had covered other topics related to older age.
- There was a mixture of training methods to accommodate staff's learning styles. This included electronic courses and face to face training. Health care professionals delivered some of the face to face training.
- There were variable views from people about whether staff were well trained. One person told us, "They've healed my legs up perfectly. They knew what to do." Another person said, "Some of the staff are able to do it [use the hoist] without hurting me. Others are more brusque and I don't think they know how painful it is, or perhaps they don't know how to do it differently."

Supporting people to eat and drink enough to maintain a balanced diet
- People were offered a choice of each meal from a four-week rotating menu.
- There were snacks around the home which people could help themselves to.
- A nutritionist was in the process of reviewing the menus to ensure they were well balanced and gave people the nutrients they needed.
- Any risk of weight loss was identified and the GP prescribed food supplements if these were deemed

beneficial. However, records did not show people's food and fluid intake was accurately monitored. This was because staff had not documented the contents of each meal consumed or calculated a running total of the person's fluid intake. Staff had not documented they had assisted people with any drinks during the night.
● Staff were aware of people's dietary needs and preferences. Any concerns were discussed during the daily morning meeting.
● Most people enjoyed the food. One person told us, "Some of the food isn't quite to my liking. There's enough to eat, and I like the soup but sometimes it's a bit too thick". Another person said, "I've been amazed by how good the food is here. They'll get you a hot meal if you're delayed at an appointment. They make 'specials' for me."

Staff working with other agencies to provide consistent, effective, timely care
● People received good support from a range of health care professionals who visited the home on a regular basis. This included the GP, physiotherapist and podiatrist.
● A consultant geriatrician visited the home every six to eight weeks to review people's health needs and to liaise with the GP regarding any specialised treatment plans.
● People were referred for specialist advice, such as the dietician or speech and language therapist, in a timely manner when required.
● Health care professionals told us staff effectively identified any ill health and sought their advice appropriately. They said any instructions, such as organising a blood or urine test, were appropriately followed.

Adapting service, design, decoration to meet people's needs
● Extensive building work was taking place to enhance the communal living areas of the home. This included a new dining room, activity room and hairdressing room. There were also plans for additional storage, a new kitchen, laundry and plant room for equipment such as generators. Other improvements included, the replacement of heating and domestic plumbing, a new nurse call system with room and outdoor pendants, and an office telephone exchange, which included more telephone lines and portable phones.
● People had en-suite toilet and shower/bath facilities, which enhanced privacy and independence.
● People told us they liked their room. They said they could have their own furniture and personal possessions, to make their surroundings as homely as possible.
● The home was well maintained and had a good standard of furniture and furnishings.
● People could access the newly installed Wi-Fi throughout the home and could have Satellite television if they wanted it.
● Whilst the home was light and airy, the corridors and communal areas lacked signage, colour or texture to help people find their way around more easily.

Supporting people to live healthier lives, access healthcare services and support
● People were helped to remain healthy by regular support from a range of health and social care professionals.
● People's medicines were regularly reviewed to ensure they remained appropriate.
● People were offered healthy options from the menu such as fresh fruit or yoghurt instead of high calorie puddings.
● People were encouraged to join in with social activities that promoted movement.
● Some people tried to keep as active as possible. One person told us, "I walk around the corridors. There's a circuit you can make and it's all indoors, so it's good in the winter. I go round every morning unless my knees are too painful." Another person said, "I've worked out how far I need to go to walk a mile and I try to

keep myself going."

Ensuring consent to care and treatment in line with law and guidance

● People told us staff asked consent before undertaking any care interventions. One person told us, "I can choose when I get up or go to bed, nobody minds at all. I can have a shower every day and that's what I like. Staff always ask me what I want to do and get consent before they do anything."

● Relatives told us they were involved in decision making if their family member lacked capacity or needed support. One relative told us, "We're kept informed of everything and we discuss any changes or decisions as [family member] hasn't got full capacity now."

● 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.

● If there were any doubts about a person's capacity to consent to specific decisions about their care, mental capacity assessments had been completed. However, the information lacked detail and did not show the principles of the MCA had been consistently followed.

● One mental capacity assessment showed the person had understood the reason for having bedrails but did not remember the conversation later in the day. Due to this, it was inaccurately deemed the person did not have capacity to consent to the use of the rails. Details of who had been consulted in making the best interest decision, and when, were not documented within the assessment. In addition, the least restrictive options had not been considered.

● Another person had capacity, which was confirmed by a 'Do not resuscitate' format and an undated consent form they had signed. However, a family member had signed the person's care plan on their behalf. There was no explanation to show why the person had not signed the care plan themselves or to demonstrate the family member had acted with the appropriate authority.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The Deprivation of Liberty Safeguards had been appropriately followed. Six DoLS applications had been submitted and were awaiting authorisation from the local authority.

● Staff had received training regarding the MCA but the clinical manager told us due to the shortfalls identified, more training would be arranged.

● We recommend consideration is given to ensure appropriate documentation is in place to demonstrate the principles of the MCA is followed.

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

Good: 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
- The registered manager told us, "staff go above and beyond". This included assisting people to shop online and send cards, as well as visiting those who may be in hospital.
- There were many positive comments about the staff from people who used the service, their relatives and health and social care professionals. One person told us, "The staff are all gorgeous." Another person said, "They are wonderful girls, they're very kind, and it makes the wheels go round. If you didn't have that rapport it would be hard. They're understanding and encouraging."
- Staff showed kindness and had a friendly, courteous approach when interacting with people.
- People's preferences and details about their earlier life, were identified in care planning to help staff learn about each person's individuality.
- Staff were aware of people's preferences and how they liked their care to be delivered. A member of staff told us, "We always ask people how they want us to help them."
- There was a strong focus on the environment being each person's home. One person told us, "They've made it a home from home, and that's not easy to do."

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to follow their preferred routines and individual interests. One person told us, "I'm able to discuss things with the staff and I'm given choices. For example, I'm not checked at night, I don't like being disturbed and that's been recorded."
- People were involved in the development and review of their care plan. One person told us, "It's always being checked, and you can go through it with someone but only if you want to. It's a chance to have a chat about anything that might be bothering you and sort it out."
- Forums such as resident meetings were held to enable people to give their views about the service they received.

Respecting and promoting people's privacy, dignity and independence
- Some people did not feel they had been consulted about the gender of staff supporting them. One person told us, "I don't like male carers giving me personal care, things like changing my pad, it's embarrassing. I haven't been asked, and I haven't said anything about it because I know they're busy, but I don't like it."
- One member of staff referred to a person's clothes protector as a bib. This did not promote the person's dignity.
- Meals were delivered plated, with gravy already added and staff added condiments. This did not promote people's independence.
- Values were discussed within induction, staff meetings, supervision sessions and training.

● Staff were confident when talking to us about promoting people's rights. They spoke about recognising a person's individuality as well as those more common themes of knocking on people's doors before entering and covering people appropriately during personal care.
● People were encouraged to develop new friendships and maintain those already established.
● A new large hairdressing salon had been created to place further focus on dignity and overall wellbeing.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

● People and their relatives expressed high levels of satisfaction with the quality of care provided. One person told us, "It's a nice place, I'm very happy and they couldn't do a better job of looking after me." A relative said, "I can't imagine anywhere better, they excel at attending to everyone as an individual and tailoring the care to their needs."

● Staff knew how people wanted their care to be provided, what was important to them and how to meet individual needs.

● There was a whole staff team approach to the development of people's support plans. This enabled additional person-centred information to be gathered. Staff were encouraged to add any comments about the person's strengths, weaknesses and available opportunities.

● Information about people's likes, dislikes, interests and preferred routines were identified within the care planning process. However, detail within care plans about the support people needed was variable. Daily records were task orientated and gave little insight into the person's daily life.

● The registered manager told us people could have their care records or other information in large print if needed, which met the Accessible Information Standards. However, the menu was written on a board in the dining room and not easily seen and there were no menus with large print or pictorial formats on the tables.

● People were asked about their dreams and wishes. Consideration was given to meeting these although there was little information in care plans about how this would be done. One person had been supported to go on a holiday of their choice.

● Staff were knowledgeable about the people they supported.

● A range of social opportunities were available to people both inside and outside of the home. This included baking, quizzes and a poetry group. One person told us, "There are various outings to the Wildlife Park, the distillery, or out for morning coffee. I go on some of those." The registered manager told us multicultural events were celebrated. These included, Chinese New Year, Burns night and St David's Day.

● The home was very much considered part of the village. School children and community groups regularly visited people. A recent session involved people and the children drawing pictures of each other. One person told us, "I know all of the girls [staff] here because they're from the village and I've known them and their families."

Improving care quality in response to complaints or concerns

● People and their relatives knew how to raise a concern or make a formal complaint. One person told us, "The staff listen and always try to help. I've always been able to sort any minor things out with them."

● The complaints procedure, which contained details of other agencies to contact if needed, was displayed within the home.

● Records showed complaints were fully investigated yet some work was required to "build bridges" and

rebuild relationships.
● There was a suggestion box in the entrance hall to enable any feedback to be given about the service.
● People and their relatives were given the opportunity to raise any concerns within resident and relative meetings.
● The home operated a "Resident of the Week" system. This gave the person and their care greater focus, to enable any improvements to be made where necessary.

End of life care and support
● Staff had undertaken training in palliative care and received support and advice from the local hospice when required.
● Staff spoke of wanting to ensure people had a comfortable, peaceful and pain free death.
● An additional syringe driver had been purchased in case two people needed this form of pain relief at the same time.
● There was a comfort box, which could be used when supporting a person towards the end of their life and their relatives. This included essential oils, different types of music, tissues and snacks.
● One relative told us, "You all looked after us so well, your warmth and thoughtfulness helped us through a very difficult time. Thank you so much for making [person's] last few days feel so comfortable and supported. He died pain free and peacefully with us around him. It couldn't have been better."

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was passionate about providing a high standard of person centred care. They told us they had "deep care" for people and staff and they were their top priority.
- The registered manager and clinical manager complimented each other in terms of their knowledge, skills and personality.
- There was a caring ethos that was adopted throughout the staff team. The registered manager told us there were staff team building activities and outings, and staff were regularly praised for achievements and good practice.
- People and their relatives told us they liked the welcoming atmosphere and family feel, as well as the connection with the local community. One relative told us, "I can't do anything but praise the home, we're fortunate to have it in the village and fortunate to have [manager's name] as the leader."
- Staff told us they felt listened to and said the registered manager was approachable. To improve communication between the whole team, an electronic phone programme had been introduced. This provided staff with regular updates such as details of new people to the service.
- Regular discussions were held about ways to further improve people's experiences. There was a business plan that was currently focusing on the development of the building.

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

- The registered manager and clinical manager both worked at the home on a full-time basis so there was a strong management presence.
- Registered nurses completed daily 'walk arounds' to identify and address any shortfalls. The registered manager told us they monitored each check, and the associated paperwork had evolved over time.
- New posts had been created to enhance provision. This included a Staff and Welfare Officer and an additional Administrator, Chef and Senior Housekeeper.
- All staff had clear roles and responsibilities. Work had been undertaken to understand staff's preferred ways of working and how they liked to receive information. One member of staff told us, "Staff are clear about what's expected."
- Workshops were being undertaken to empower staff. These included, 'Leading from your strengths' and the home's Vision and Values.
- Staff were measured against key competencies and these were regularly discussed within one-to-one meetings. New job descriptions, information for agency staff and new policies and procedures had been

developed.
● The registered manager attended morning handover meetings to keep up to date with day to day care provision.
● A range of checks were in place to monitor the safety and quality of the service. A monthly quality report gave an overview, including accidents, infections or weight loss.
● The registered manager had regular meetings with the provider. They said the provider was generous and their priority was to see the home excel in care, whilst also supporting staff. The registered manager told us the provider attended events to meet people's families and to support the service.
● Any significant incidents, accidents or allegations were appropriately reported to the Care Quality Commission and local safeguarding team

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There were regular meetings for people and their relatives to give their views about the service. One person told us, "We have residents Forum meetings, you can express what you want to say and feel listened to, yes they're very good." The registered manager told us external speakers often spoke at the meetings. This included talks from a lawyer and a palliative care nurse.
● People, their relatives, staff and involved health and social care professionals were encouraged to fill in an annual survey. People's responses had been coordinated to show the level of satisfaction in percentages. Another document showed views people had expressed. The records showed 91% of relatives and friends were either totally satisfied or satisfied across all domains.
● The registered manager gave examples of how people's views had been taken on board. This included fitting a dimmer switch to a light, which the person said was too bright.
● Relatives told us they were kept informed of what was going on in the home. For example, one relative told us, "We've been kept informed of what's happening with each stage of the renovations and developments and have felt involved."
● A pool of volunteers had been recruited to assist with social activities and accompanying people to external events, such as the theatre.
● People were given a monthly activity programme and quarterly newsletters, and relatives were sent these. The service featured in all local publications of the village magazine, 'Dabchick'.

Continuous learning and improving care
● The registered manager told us they regularly reflected on people's care and any incidents that occurred, to improve provision.
● Staff told us they could make suggestions and they would be listened to. One member of staff said, "We work as a team if we see a problem, so we can solve it. We changed the way mattresses were washed to make it better."
● There had been development sessions with staff which included action they could take to improve the quality of care.
● The registered manager and staff told us the dining room had been set out according to people's wishes. One member of staff told us, "Tables have been laid out so people can sit next to people they want. They can talk, they wanted more of a buffet style."
● Staff and health and social care professionals told us they would be happy to place a member of their family at the home.

Working in partnership with others
● The registered manager told us they had established good relationships with a wide range of health and social care professionals. They said some professionals had visited the home for many years so knew people

well.

● Health and social care professionals told us their advice was readily sought. They were made to feel welcome when visiting people and said staff undertook any recommended treatment effectively.

● The registered manager and staff told us they worked well with organisations such as the local hospice.

● The registered manager attended different forums and training sessions to enable effective networking.