

Dimensions (UK) Limited

Dimensions Loddon Court 289 Wokingham Road

Inspection report

289 Wokingham Road
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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

Dimensions Loddon Court 289 Wokingham Road is a care home which provides respite accommodation and personal care. People who use the service have learning disabilities or autism, and the length of their stay varies, from 24 hour periods to several months. The service also supports people who are transitioning from other care homes to independent living in the community. The care home can support eight people. At the time of our inspection, three people received respite care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received safe care. Any risks to them were assessed, documented and mitigated to protect people from avoidable harm. A relative stated, "[The person] presents with challenging behaviour and can become anxious and aggressive and I am always informed if he has any anxious moments in his stay. It is written in his communication book for me and I am told upon collection. The environment is safe for [the person's] needs..."

The service's bathrooms required maintenance to ensure people's needs were met. One bathroom was out of use entirely. The other bathroom's temperature was exceeded safe levels and meant for people whose preference was a bath, they were restricted from taking a bath. Instead, they were offered washes in their room to ensure cleanliness. The registered manager and provider had attempted to have these issues rectified with the landlord, but without success. After our site visit, the ventilation system was repaired which ensured people were safe and the bathroom could be used again.

Staff were knowledgeable and skilled. They were competently able to provide the support people required. A community nurse said, "[This is] a valid service for the individuals we support to access. As a member of the local community team, I am happy with the excellent communication between us and they never

hesitate to contact us for advice and support. I also know and support a number of individuals who have accessed this service and they are also very happy with the support they receive."

We observed people's support was very caring. Relatives, commissioners and professionals described the service as caring and staff as kind. We received comments from a social worker who wrote, "I have heard very positive feedback from service users and parents regarding their care. The other service users, all with complex needs are very satisfied with the service and enjoy going for respite."

People's care was specifically tailored to their individual needs. A dietitian told us, "I have found the care staff offering dignified and individualised care. Staff respond to health needs quickly and work with health care staff in [my team]. I have no concerns regarding the safety or care of clients in their care."

The service was well-managed. There was a positive workplace culture. The registered manager ensured audits and checks were completed regularly to ensure the safety and quality of people's care. The local authority commented, "The [registered] manager...communicates regularly with us and always follows up promptly and thoroughly on any concerns."

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 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Dimensions Loddon Court 289 Wokingham Road

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.

Inspection team

Our inspection was carried out by one inspector.

Service and service type

Dimensions Loddon Court 289 Wokingham Road is a 'care home'. 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Our inspection was informed by evidence we already held about the service, which included information received about the service since the last inspection. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We contacted health and social care professionals who work with the service. We checked records held by Companies House, the

Information Commissioner's Office, the fire brigade and the Food Standards Agency.

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.

During the inspection

We were unable to speak with people as they were out in the community during our site visit. However, we briefly observed their interactions with staff on arrival and on departure from the care home. We spoke with 10 members of staff including the registered manager, assistant locality manager, and eight care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received evidence about the building and equipment, fire safety and staff survey results. We received written feedback from relatives and professionals who regularly visit the service.

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

- There were appropriate policies and procedures to follow as well as the procedures from the local authority.
- Safeguarding adults was covered in the staff induction. All staff received e-learning about the prevention of abuse and neglect. Staff learnt about whistleblowing in their e-learning and team meetings.
- There was also a poster which provided information about how to be a whistleblower both internally to the provider and to external organisations.
- The registered manager was accredited to provide safeguarding training in classroom style to other Dimensions staff. The management team were aware of how to report allegations of abuse to stakeholders.

Assessing risk, safety monitoring and management

- Premises and equipment risk assessments and compliance checks were completed. This included fire safety, Legionella prevention and control, gas safety and portable appliance testing. However, food safety was not rated by the local authority as the location had not registered as a service that prepares food. We informed the registered manager, who organised to register the care home with the Food Standards Agency after our inspection.
- Referrals were made to the service by local authority social workers or by parents. People's social workers sent the risk assessment to the service for review, and where possible the location had a meeting with the social worker. Pre-admission risks examined included various aspects of people's needs.
- From the preadmission assessments, a comprehensive risk assessment was created. These identified the risks to the person and what plans were in place to reduce the risks. For example, one person demonstrated behaviours that challenged, and the risk assessment showed what was done to manage the risk, such as increased staffing, direct supervision and behaviour charts. Staff signed to say they had read people's risk assessments and understood them. People's behaviours were assessed and recorded on specific documentation. Staff then had the knowledge they needed to ensure people were protected by potentially unsafe behaviours.

Staffing and recruitment

- New staff were carefully screened to ensure they are suitable to work with the people that received support. Relevant pre-employment checks were undertaken in addition to interview, including people who use the service, to ensure that the staff member was suitable for the location. The provider's HR department ensured that all the necessary checks were completed before staff could commence supporting people.
- Staffing levels depended on the level of support required by individual people. People with higher needs could receive support from one to three care workers, whereas other people were assessed as being safe

because they had indirect supervision from a care worker who supported them as needed.

- The rotas demonstrated that additional staff were rostered when there were activities, such as community events and activities, and a driver was provided.
- There was occasional use of agency staff when staff call in sick, however the service used a single agency who supplied familiar care workers. Agency profile sheets and induction forms were on file.

Using medicines safely

- Medicines were safely managed. We found some documentation omissions where the service did not always follow best practice guidance.
- The medicines were administered by two care workers, who cross-checked the administration for safety. Medicines administration records (MARs) were signed by staff to indicate the person received their medicines. MARs contained a photo, list of any allergies and people's medicines. However, we found that these were printed out on each admission, and had not been updated with the current medicines on hand in the care home.
- People had creams and lotions prescribed, and we were told these were applied, however there was no record of them being applied nor was there a 'body map' to show where they were applied.
- Fridge and room temperatures were not recorded. The thermometer in the cabinet was not functioning and there was no thermometer in the fridge.
- The registered manager provided evidence to us after our inspection which demonstrated these matters were rectified and systems put in place which ensured medicines safety.
- Staff were trained in the safe management of medicine and had regular updates and competency checks. Medicine audits were completed weekly to check for missing signatures, stock balances and potential incidents.

Preventing and controlling infection

- The care home was clean and tidy and had no malodour. Infection prevention systems ensured people's safety.
- The assistant location manager completed checks of infection prevention and control monthly. This included the cleaning schedule, the state of the environment, handwashing facilities and the cleanliness of the hoists and slings that people used. Waste management and control of any rodents was also covered.
- Beds and mattresses were regularly checked for cleanliness. The mattress or bed were replaced if necessary to ensure they were clean and presented no risk to people who used them.
- As a regulated service, the care home must be registered with the local authority environmental health department, as they prepare and handle food. The registered manager explained they would complete this after our inspection. We informed the local authority so they could follow up with the service.

Learning lessons when things go wrong

- Staff members used an online system to report any accidents or incidents. The registered manager received notifications, and then reviewed and investigated the incidents. This primarily involved behaviours that challenged. In one example, the management team organised a meeting with a social worker to review the placement of one person who was involved in multiple incidents. They had identified a theme and acted upon it to ensure the person's safety.
- The service had first aid boxes in place and checked them weekly to ensure they had the necessary supplies in them. The service received medicines and medical device alerts and acted on these when necessary to ensure people's safety.

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.

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

- The provider had failed to ensure that the bathrooms were always suitably maintained. This meant people who preferred baths over showers did not always receive them.
- One bathroom was out of order. It was deemed that it was expensive to repair, and renovation had not been planned. However, the other bathroom's ventilation system was not working correctly, and temperatures in the bathroom had exceeded appropriate levels. This was not effective for both people and staff, as the temperature was too high.
- The registered manager submitted evidence to us after our site visit that a maintenance manager had repaired the ventilation system in one bathroom. This ensured the safety of people who used the bathroom and staff who supported them.
- Premises were suitable for the people that the care home supported. There were appropriate outside spaces where people could participate in gardening, and there was a minibus which was used for transport into the community.
- There was ample equipment for people to use related to activities and socialisation. There were appropriate communal lounges and dining rooms, and a karaoke machine was recently purchased for people to enjoy.
- There was appropriate equipment to keep people safe. This included ceiling hoists and baths with hoists.

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

- Support plans were created to ensure that people's care was provided in the way they liked. For example, this included the time someone may want to have a shower or breakfast. Pictures were used to present to people what food they may like if they cannot tell staff directly.
- Staff used colour coded cards (red, green and amber) with people so they could express their mood and emotion. Based on their response, staff could tailor the care for the day and throughout the day to the person's preferences and feelings.

Staff support: induction, training, skills and experience

- All staff completed the Care Certificate, or had their competency checked when they commenced employment. The Care Certificate is a set of nationally recognised modules developed by Skills for Care. Staff also completed the provider-specific induction and local inductions.
- Staff were trained in safeguarding, moving and handling, infection prevention and control and the use of Makaton. Makaton is a type of sign language. Training was repeated regularly to ensure that staff had the knowledge, skills and knowledge necessary to effectively support people.
- Staff had regular supervisions and performance appraisals with their line manager. These reviewed the

staff member's compliance with training, access to additional qualifications, objectives and support required for equality, diversity and inclusion.

- Staff were offered the ability to gain professional qualifications in health and social care.

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

- Staff knew people's food and drink preferences. Picture cards were used to demonstrate a wide range of food and drinks to people, so they could look at options and choose from pictures if they wanted.
- There was no set menu at the location, however when convenient people would have a group meal, including out in the community.

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

- The service worked well with the local community team for people with learning disabilities, and there was a strong link because the care home was the only local respite service. The service worked with the social workers and nurses for placements and discharges.
- For people's health, the service liaised with local healthcare practitioners. Care and support was proactive and well-organised.

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

- People who used the service often stayed for short periods and did not require healthcare support. However, when needed staff called GPs, community and nurses. This included training given to staff from a diabetes specialist nurse, so that the care home could effectively care for a person.
- Staff had training about how to use emergency adrenaline (for managing life-threatening allergies). Staff were able to safely administer the adrenaline pen whilst waiting for emergency services to arrive.
- People's oral care was maintained. Oral care was part of people's standard support plans. The service was aware of best practice guidance recently publicised. People has access to oral care supplies such as toothbrushes, toothpaste and mouthwash. When needed, the care home staff had assisted people to dentists.

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.

- All staff were trained in the MCA and DoLS, so that they understood the underlying principles for ensuring consent. Consent was obtained verbally and in writing (as needed). Where a person could not provide consent for a decision themselves, then best-interest decision making occurred to find the least restrictive option.
- DoLS applications and approvals were obtained for all people who used the service regularly. This included people who stayed in the care home for infrequent respite. The DoLS expiry dates were tracked by the management team, and renewal applications sent as needed. One person had a condition on their DoLS

authorisation, and staff were aware of this and complied with the condition.

- The service liaised with parents (and others) where a person could not always communicate their decisions or choices. Parents took part in the decision-making, which demonstrated an inclusive culture.

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

- Although people were not present in the care home for most of the day, they received personalised care from dedicated staff. Staff were preparing people for their day out, asked them about their plans and if they were feeling good.
- Staff were happy, smiling and people we saw going out were excited and being professionally assisted to the bus.
- The local authority provided information which confirmed that they regularly received positive feedback about the care home.
- The service had received very positive written feedback from relatives. The care home had sent a card to a person who had an operation. A relative replied and wrote, "Your message really cheered [the person] up. [The person] would look into the card and state how much he missed Loddon." Another relative commented on how thankful they were that the care workers had taken a person on holiday. An external trainer for the service stated, "We were really impressed with the staff's knowledge and attitude during our behavioural training."
- People were treated in an equal and fair way. Staff respected and protected them from harm and problems in the community with other members of the public. Staff were trained in how to retreat in difficult situations and knew how to speak up for the people they cared for.

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

- A person expressed during their respite that they wished to move into supported living. A social worker wrote, "Credit goes to you and all your staff... you have helped her to realise that there is so much more 'out there' in the big, wide world and have encouraged and supported her to realise all the amazing things she can go on to achieve, which we all know she will."
- One family who used the respite service for a person were on holiday for a week. They were provided regular updates of the person's progress at the care home via e-mail, so that they knew about his welfare. They stated, "This enabled us to go on holiday together, which is something we have not been able to do. I felt so reassured by all of the e-mails I got telling me what [the person] had been doing, and the photo you took of him while he was out [of the care home]."
- A newsletter was produced every quarter and provided to all people who used the service and their parents or advocates. This included introductions to new staff members, news about the care home and upcoming activities and social events.

Respecting and promoting people's privacy, dignity and independence

- Personal care was provided behind closed doors, and staff knocked on doors before they entered people's rooms.
- One person whose respite care had failed at other services, stayed for respite on a weekend. The person's independence was upheld and promoted. Staff ensured that he was not confined to the care home premises, he was taken to the town centre and a disco. The parents of the person wrote, "You guys (staff) delivered all you promised. [The person] had a great stay and we didn't worry. Thank you for organising all these [activities] quickly. [The person] went to the disco and town centre using public transport."
- People were addressed by their preferred name, they were not left alone if they were being cared for in a hoist or wheelchair, and staff spoke with them all the way through their personal care.

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

- Support plans were produced on the first admission and reviewed every six months, or more frequently if needed). The support plans covered diet, medicines, the ability of the person to make decisions and communicate. Personal preferences were documented, such as whether a person liked to be shaved or what time they liked to have their shower. Clothing choices were laid out for people to choose what they would like to wear.
- Support plans we reviewed showed that people's care was person-centred and individualised, for example one person had their medicines administered in a specific way which was unique to them and different to others. Another person went to a faith celebration with staff and was dressed in traditional clothing, so that they could celebrate with their family and friends.
- Recording daily notes training was offered to staff. Daily notes we reviewed contained enough information about the person's activities and routine for the day.

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.

- Information was provided in different formats, so that people could be as involved in possible in their personal care. Alternative formats included the use of pictures, symbols and Makaton communication. Signs and posters also displayed pictures and symbols, to provide an easier format to understand information. Easy-read documents were available, for example the complaints policy.
- A care plan showed specific a communication technique was documented for a person. This included what tapping his elbow meant, and what a pinched thumb and finger meant. These were gestures for biscuits and crisps. We saw a staff member understanding a person's gestures and acknowledging their communication.

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

- People's support plans and daily notes reflected what activities and social events they had attended. This included their mood and demeanour throughout each part of the day, and whether they enjoyed the event or wanted to try other activities.
- As the length of people's respite varied, not everyone had an active social calendar, nor did everyone want

to leave the care home. However, for people who wished, there was a minibus and they were escorted into the community. Locations visited included faith and cultural centres, restaurants and cafes, gardens, and shopping. Some people went to various day centres and colleges or schools.

- A variety of activities occurred throughout the year, including a summer ball, visits to theme parks and other local attractions. The service also participated in a community sports day tailored specifically for the needs of people with learning disabilities.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. This included an underlying policy, which guided the management team about how to handle, process and respond to complaints.

- An online programme was used to log and track complaints. This could be accessed by staff from the provider who could search and track the progress of complaints.

- There were appropriate records of how complaints were investigated and responded to. The registered manager explained that they reviewed each complaint and examined the root cause, in attempt to try and prevent similar circumstances from occurring. In the small number of complaints received, there were no themes or trends.

End of life care and support

- No one who used the service at the time of our inspection received end of life care.

- Staff and relatives had attended end of life care training in July 2019. This training provided information about how to prepare for end of life.

- The service had information available about people's end of life preferences.

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.

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

- The service had produced a short guide about the support provided. This was provided to new people and parents, and anyone looking at the care home for possible respite care. The guide set out key principles of the care, specific information about staff members and management, and information about the accommodation.
- Several local audits were completed by the management team. These included health and safety, infection control and safe medicines management.
- The provider's representative completed an annual 'quality and compliance review'. The quality team checked risk assessments, care plans and daily notes for people. They also checked recruitment processes, the premises and the level of care that people received. The last audit in February 2019 found that care was good across all five 'key questions'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager reported incidents to the local authority and to us, as required by law.
- There were no incidents which required the use of duty of candour, but the registered manager was able to explain their duty with serious injuries and why transparency was required. They were able to state how to make sure the correct procedure was followed.

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

- The registered manager was knowledgeable about the service and the people supported. They were supported by the assistant locality manager, who provided managerial oversight as well as checking the quality and safety of care provided by the care workers.
- Staff told us they enjoyed working at the service and the positive workplace culture. They said they were fully supported by the management team both on a professional and personal level. A staff member stated, "I feel like everyone gets on with everyone else, everyone works well together. The staff know what we are doing. We will deliver what we need to deliver as a team."
- The management team had a good understanding of the provider's aims and objectives.

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

- Surveys were sent to people, local authorities and to relatives annually. The service had received their set of results in February 2019. There were numerous responses, all with positive feedback. Comments included, "[The person] loves to go to Loddon Court where he meets with friends", "[I] like meeting the staff, especially new people" and "Thank you for everything you do for me."
- The registered manager completed a calculation of the results, produced a report and set out the themes of what was working well and what required improvement. The service had identified that building improvements was an area that required improvement. The social worker we contacted at the local authority confirmed they were working with the provider on this.
- People and staff had opportunities to make suggestions and provide feedback. People and staff had access to various forums, where feedback could be communicated directly to the provider.

Continuous learning and improving care

- The service had a culture of continuous improvement. This meant they actively looked for new ways to ensure people received good support.
- The management team had noted a reddened area on a person's skin, and recognised the person was prone to pressure ulcers. They immediately contacted the community nursing team, obtained the right equipment/mattress and started regular turns and skin creams. This prevented the person from developing a sore on their skin. The staff were informed about the importance of pressure area management, so that people who used the service would be protected as far as possible.
- Staff were vigilant about people's safety. They had made complaints to the local authority about taxis who did not present the correct identification required before transporting people into the community. The local authority acknowledged the complaint. However, the service noted that some taxis continued to arrive at the service without the correct identification. The staff refused to allow people to use the taxis and sent further complaints to the council to advise of the ongoing matter.

Working in partnership with others

- The service worked with local day services for people. For example, when an annual review was completed by the service for people, this was completed with staff at the nearby day centre so useful additional information was collected about the person's needs.
- The service worked with local schools and faith organisations. In Christmas 2019, 80 people and their relatives attended a carols event organised for them at a nearby church. People went to the local line dancing offered by the community services, and staff described it as a "competition" with other people from the community who attended.
- There were strong links with colleges that people attended. The staff provided information to the colleges, and received information from them, which helped build on the support offered to people.