

Scimitar Care Hotels plc

Woodbury Manor

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

Woodbury Manor is a residential care home providing personal care and accommodation for people aged 65 and over, some of whom may be living with dementia. The home can support up to 60 people. At the time of the inspection there were 58 people living at the home.

The home is a large detached manor house building with a large extension set in a residential area of Enfield, North London. Bedrooms are located across three floors with a large well-kept and accessible rear garden. The home had two wings, a dementia unit and a residential unit.

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

People and relatives were positive about the care and support provided at Woodbury Manor. A person told us, "Every person [staff] is approachable. It's my home." People were protected from harm by clear risk management strategies and staff understanding their role in safeguarding. Medicines were well managed and people told us they received their medicines on time.

People and relatives told us they felt staff were well trained and knew how to work with people as individuals. Staff received clear guidance and support through regular supervision and appraisal. People had choice around what food they wanted to eat. Specialist diets were catered for. 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.

People had access to a wide range of activities and were regularly consulted in what they wanted to do. People's experience of day to day life was stimulating and people were encouraged to take part in activities that were meaningful to them. Care was planned in collaboration with people and relatives to achieve good outcomes for people. People were supported by a compassionate and well-trained staff team at the end of their lives.

There was a clear and effective management structure in place. Care was monitored through regular audits covering various aspects of the service. People, staff and relatives were involved in planning care and delivery and feedback was actively sought. There were regular residents, family and staff meetings as well as surveys to monitor the quality of care.

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 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodbury Manor on our website at www.cqc.org.uk.

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 ●

Woodbury Manor

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

This inspection was carried out by two inspectors and four Experts 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. Two Experts by Experience attended the inspection and spoke with people to gain their views and opinions of the home. The other two Experts by Experience supported this inspection by carrying out telephone calls to people's relatives to gain their feedback.

Service and service type

Woodbury Manor 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three staff including the registered manager, the training manager and a deputy manager. We spoke with 17 people living at the home. We also spoke with three healthcare professionals and six relatives that were visiting the home at the time of the inspection. We looked at four care records and risk assessments, 10 people's medicine records, six staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

After the inspection

We spoke with 16 relatives and six members of staff including one activities coordinator, the deputy manager of the dementia unit and four care staff.

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

- People told us they felt safe living at Woodbury Manor. People told us, "Oh yes I don't need to worry" and "Oh absolutely [I feel safe]." Relatives commented, "My relative is very safe, she can even sit in an enclosed garden" and "My relative has all the care she needs, they keep an eye on her all of the time."
- All staff had received training in safeguarding which was refreshed yearly.
- Staff understood their responsibilities around safeguarding. They understood how to recognise signs of abuse and who to report any concerns to.
- Staff understood what whistleblowing was and told us they knew how to whistleblow if they needed to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's personal risks were assessed and well documented. Clear guidance was provided to staff to ensure they understood how to minimise risks.
- We saw that risk assessments were regularly reviewed and updated when people's risks changed.
- Where people were at risk of malnutrition or dehydration, there were food and fluid charts in place. This meant that staff could clearly monitor people's nutrition and fluid intake to maintain their wellbeing.
- Accidents and incidents were well documented with any investigations and outcomes. We saw that accidents and incidents were discussed at staff meetings to help prevent any reoccurrence.
- There were certificates in place to show that equipment and facilities were monitored. This included regular, gas, electrical, water, hoist and lift maintenance checks.
- There were regular fire safety checks completed and staff had received training in fire safety. The home had recently had an inspection from the London Fire Brigade and had acted promptly to action recommendations.

Staffing and recruitment

- People told us they felt there were enough staff to meet their needs. People said, "Lots of familiar staff and very helpful" and "They work in shifts which is good as you get to know them well."
- The home did not use agency staff. Many of the staff that worked at the home had been there for a considerable time. This meant that people received a consistency of care and were able to build a rapport with staff.
- There was a dependency tool that was completed for all people each month. This allowed the registered manager to check if people's needs had changed and adjust staffing levels accordingly.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with

vulnerable adults.

Using medicines safely

- Medicine administration records showed people received their medicines safely and on time.
- Staff had been trained in medicines administration. Records showed staff had regular competency assessments to ensure they were safe to administer medicines.
- Where people had been prescribed 'as needed medicines' there was clear guidance in place for staff to explain, in what circumstances these medicines should be given. 'As needed' medicines are medicines that can be given for things like pain relief and to help anxiety. During the inspection we observed a person requesting their 'as needed' medicine as they were experiencing pain. This was immediately given to them.
- There were systems in place to monitor the disposal and stock of medicines.
- There were regular medicines audits including daily checks. Where any issues were identified we saw that these were addressed immediately.

Preventing and controlling infection

- Throughout the inspection the home smelt fresh and clean. There was a dedicated housekeeping staff employed seven days a week. A relative commented, "The place is clean and tidy and smells fresh. You always see the cleaners."
- There were easily accessible hand sanitisers around the home which staff and visitors were encouraged to use.
- All staff had received training in infection control.
- We observed that staff used gloves and aprons when conducting personal care.

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.

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

- The home completed detailed pre-admission assessments before people moved in. This allowed the registered manager to ensure that they would be able to meet people's needs.
- People and relatives were fully involved in the pre-assessment process.
- We saw that pre-assessments included information on people's physical health needs as well as their emotional and spiritual wellbeing.
- Pre-assessments were used as the basis to create a person-centred care plan.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were well trained and understood people's needs. One person said, "Staff are well trained and good at their jobs." A relative commented, "We do think staff are knowledgeable in how to support her [relative] because we have seen how they treat her and how they move her. You can see that they have been well trained."
- Staff received a detailed induction when they began working at the home. Staff were assigned a mentor throughout their induction period who they were able to go to for help and support. Induction included training in subjects such as safeguarding and manual handling before starting work at the home and shadowing more experienced members of staff.
- Staff told us they felt well supported in their roles. Staff received regular supervision and annual appraisals where they were able to review their performance and set development goals.
- The company had a dedicated training manager who ensured training was reviewed and updated. Training records showed staff received regular training in subjects such as mental capacity, safeguarding, manual handling and health and safety. Staff told us they were able to request training if they felt they needed it.

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

- People told us they were able to choose what they wanted to eat. People said, "Food is good. There is a good choice and they don't skimp!" and "There is a choice of food they tell you the day before." On the dementia wing, we saw that people were given a choice of two meals before being served. This supported people living with dementia who may not have been able to remember what they had chosen the day before.
- Where people wanted an alternative meal such as vegetarian or just wanted something different, this was accommodated. A relative said, "Not only is there a good choice, but if [relative] asks for anything they will get it for her."
- The chef knew each person's dietary needs including any specialist diets such as puree food. We tested

puree food during the inspection. Puree food was of a good consistency and well presented with each element separate on the plate. This ensured that food looked appetising to people.

- We observed lunch time on both the dementia and residential units. Staff were attentive and appeared to know people well. Where people needed support to eat, we saw that staff gently encouraged people and did not rush them.

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

- People and relatives confirmed they were supported to maintain their health and wellbeing.
- Staff knew people well and were able to recognise any changes in their physical or mental health. Where any changes were seen, we saw that timely referrals to appropriate healthcare professionals were made.
- People's care files showed regular visits to routine healthcare such as dentists, doctors and opticians. Where any recommendations were made, we saw that these were documented and communicated to staff during shift handovers and staff meetings.
- Healthcare professionals were positive about how the home met people's healthcare needs. One healthcare professional had sent the home a compliment, 'Thank you for always providing me with updates [about people], you never let me down.'

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

- The dementia wing had recently been re-decorated and there was an emphasis on ensuring that the design was dementia friendly. The corridors had been decorated to look like a street with people's bedroom doors looking like a front door with a letterbox and doorbell. Each door was painted a different colour and had a memory box outside containing things special to that person. This helped people identify their own rooms.
- On the dementia wing there were specific sensory areas for people. There was a wall with a multitude of plastic flowers that people could pick and put back. We saw several people taking flowers, smiling and walking around with them. There was also an enclosed garden space where each person had a raised bed to do some gardening.
- The home overall was beautifully decorated with people's bedrooms being warm and inviting. People were able to bring items from home to personalise their bedrooms.
- There were adapted bathrooms so that people with mobility issues were able to choose between baths and showers.

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

- People's care files showed people were supported with routine healthcare appointments such as dentists and opticians as well as any specialist healthcare. A person said, "They [staff] organise all my visits to the specialist."
- Care plans were updated immediately where there were any changes in people's healthcare needs.
- People were supported with oral care. Each person had an oral care assessment with how to support them detailed in their care plan. A relative told us, "The manager arranged for a dentist to visit our relative. The staff clean her teeth at least once a day."
- Relatives told us that staff communicated well with them when people required visits to healthcare professional. One relative said, "They inform us if my relative needs to see the doctor and inform us of the outcome."

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.

- Where people were subject to DoLS, we saw that the correct authorisations were in place. There was a system in place to ensure people's DoLS were reviewed when necessary.
- Where people lacked the capacity to make decisions, we saw meetings had been held with people who knew the person well and, where appropriate, healthcare professionals to ensure any decisions were in the best interests of the person.
- If people had relatives or friends that had legal authority around health and wellbeing for them, this was clearly documented in people's care plans.
- All staff had received training on MCA and DoLS. Staff understood how people's ability to make decisions may affect them and the care they provided.

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

- We asked people if they felt staff had a kind and caring attitude. All people we spoke with were positive about the staff. Comments included, "They are lovely, and I love them all" and "I like to have a laugh with staff, I do have good relationships with them. The staff bend over backwards to please us."
- Relatives talked about the kind way staff cared for people. Relatives said, "They [staff] are just really friendly and will call him by name, they make him feel like he's part of something and they are very kind" and "I never walk away thinking I don't want to leave my relative there. The staff let her hug them and they hug her back which I like to see."
- Healthcare professionals were also positive about how caring the home was. A healthcare professional said, "There is a vibrancy that is ever present. All the staff are jovial and their interpersonal skills are appropriate and in context."
- Throughout the inspection we observed staff treated people in a kind and compassionate manner.
- Relatives told us there were no restrictions on visiting and they were welcomed by staff. Throughout the inspection we observed friends and family visiting.
- People's care plans documented their faith. Where people wanted to be supported in maintaining their religious beliefs, this was supported. A person told us, "The priest comes to visit. I am very grateful."

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

- People told us they felt involved in decisions about the home and their care. Records showed, and people told us there were regular resident's meetings. One person said, "Yes, we have meetings and they follow through with things" and "I go to every one of the resident's meetings. I think I talk too much in them! They are all very interesting."
- Where people were able to be consulted on their care plan, we saw that they were involved. One person told us, "I went through it [the care plan] with them [staff]."
- Staff understood that whilst some people may not be able to be fully involved in planning their care due to their dementia, they still took the time to go through their care plan. One relative commented, "Even though [relative] can't really decide they still involve him and ask him questions."
- All relatives that we spoke with were positive about how the home regularly involved and consulted them in planning people's care. One relative said, "I have seen my relatives care plan and the home discusses it with me when it is reviewed."
- We observed that staff knew people well and consulted them on daily decisions about their care. This included, when they wanted to get up, what to wear and how they wished to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was fully respected. Throughout the inspection we saw people being spoken with in a calm and dignified manner. A relative commented, "I go home knowing my relative is looked after and treated with dignity."
- Personal care was conducted in the privacy of people's rooms with doors and curtains closed. Staff understood the importance of maintaining people's privacy.
- As well as people's rooms, there were areas around the home where people could have visitors in a private space. People were also able to have their own telephone in their room which meant they could hold private conversations.
- People told us they were able to do things for themselves, but staff were there to help if they needed support. One person said, "Oh, the staff are ever so good. They let me do what I can but will help if I need it." People's care plans documented areas of care where people required support and what they were able to do for themselves.

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

- People's care plans were in-depth and person centred. Care plans clearly documented how people wanted to receive their care and what was important to them as individuals.
- There were detailed life histories that relatives and where possible people, had helped create. These gave staff a good understanding of people and their lives.
- Where people had a diagnosis of dementia, we saw there were individual dementia specific care plans. These detailed how that person experienced their dementia and how staff could best support them as an individual. This showed there was a good understanding of dementia and how to work with people to maintain their wellbeing.
- Care plans were reviewed yearly and updated immediately if there were any changes to a person's needs.

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.

- Each person had a one-page document in their care file around the AIS. This clearly noted people's communication needs and how staff could best support people to communicate. Where people may find it difficult to communicate due to their dementia, the AIS document noted how a person's specific behaviours and body language could inform staff of how they were feeling or what they wanted.
- Where English was a person's second language, we saw that they were supported by care staff that were able to communicate with them. We observed a staff member chatting and laughing with a person in their own language.
- Where necessary, information was provided to people in an easy read format including large font and pictures. We saw pre-admission assessments and how to make a complaint were designed to ensure that people were able to understand and be actively involved in their care.
- Signage, such as fire exits, around the home was in large font which people were clearly able to see.

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

- There were two activities coordinators that created a full activity timetable in consultation with people.
- Activities included, animal sessions where a local company brought in different animals for people to pet and talk about, light exercise, vintage film nights, baking, gardening and day trips to places of interest. People had access to a hairdresser that visited regularly. A relative commented, "The staff are forward

thinking in what will stimulate."

- The home had recently started working with a mother and baby/toddler group that visited every two weeks on both the dementia and residential wings. The registered manager told us, "It's amazing. People's faces light up. It gives them something special."
- Events such as birthdays, religious holidays and other notable dates were celebrated. The registered manager told us they were planning for a person's 100+ birthday and working with the person's relatives to make it a truly memorable day. A card from a relative said, "Thank you for [relatives] birthday. We were so pleased and excited. We haven't seen [person] this happy in a long time."
- We observed three activities sessions throughout the inspection. People were encouraged to attend and appeared engaged and stimulated.
- The home had started to create 'wish lists' for people. These were things that people wanted to do but may never of had the chance to do before moving into the home. There were photos on the noticeboard of people's wishes being fulfilled.
- People and relatives were positive about the variety of activities on offer. People told us, "I like to do exercises and bingo. I go outside in the patio" and "Every week we have a manicurist. I am waiting for my toe nails to be done next week." Relatives commented, "The activities are good which makes it a nice lively place and include: games, cake making, painting, gardening, visits by school children" and "[Relative] has been on several outings. For example, to the garden centre and for lunch and last week they took her to Southend."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and were confident they would be listened to. A person said, "I can talk to any of the staff if I have a worry." One relative said, "I would feel confident in raising any concerns with the management, they are very approachable."
- There was a complaints policy which people and relatives had access to. People were provided with information on how to make a complaint when they moved into the home. We also saw that people were reminded on how to complain during residents' meetings.
- Complaints were well documented with investigations, outcomes and any learning.
- Complaints were split into minor and major complaints. We saw there had been seven minor complaints this year which had been dealt with appropriately.

End of life care and support

- People were supported at the end of their lives by well-trained and compassionate care staff. The registered manger said, "A good death is important, it's a huge part of what we do. Supporting them [people] and the family is a massive thing that we need to get right."
- Staff had received training in end of life care. The home had links with a local hospice that regularly updated staff training and ensured best practice.
- When people were approaching the end of their lives, there were advanced care plans put in place. These documented people's end of life wishes. We saw that relatives and where possible people, were fully involved.
- We saw many thank you cards and compliments from relatives and friends whose loved one had passed away. One relative had said, "I'm sure it's down to your care that she was able to enjoy so many years with you."

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

- People knew who the registered manager was. We observed people greeting her warmly and having a chat throughout the inspection. People commented, "She's [registered manager's name] brilliant, one word in her ear and it's done" and "The manager is called [name] and she is a very lovely lady."
- As well as the registered manager there were two deputy managers on the residential wing and one on the dementia wing. Throughout the inspection we observed all of the managers spending time on the floor and engaging with people. A relative commented, "There is a very strong management who do not just sit in their office."
- Relatives told us they would recommend Woodbury Manor. Feedback included, "I would recommend the home to anyone. It is on par with a four-star hotel" and "I would definitely recommend the home. We are really, really, pleased and could not ask for more. I wish there were more places like it."
- The registered manager created an open culture where people and staff were able to voice their opinions. This impacted positively on the quality of care that was being provided.

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 was a focus on improving care. Any outcomes of accident and incidents, safeguarding referrals and audits were analysed and acted on. There were clear action plans in place to address any concerns and improve learning.
- The registered manager ensured that staff were involved in learning and outcomes were discussed in regular staff meetings.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents. Notifications to CQC were always received in a timely manner.

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

- There were a range of regular audits to check the quality and safety of care being provided. These included audits for medicines, health and safety and the environment. Senior managers also completed a 'mock CQC' inspection yearly to check how the home was performing.
- Where any issues were identified through audits, an action-plan was produced with time frames to address them.
- There was a clear management structure in place which staff understood.

- The registered manager was supported by a dedicated senior management team. Staff told us they knew who the senior management team were and regularly saw them visiting the home.

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

- People were involved as partners in their care to ensure a collaborative and person-centred approach. This was done through monthly residents' meetings, daily one to one conversations with people and care plan reviews.
- Records showed quarterly family meetings where relatives received updates on the home and were able to give suggestions and feedback. A relative said, "I think the home is well led and we are kept well informed of what is happening. We go to meetings."
- The home completed yearly surveys with people, relatives and healthcare professionals. We saw that results of the 2018 survey were positive.
- Relatives and people told us they were able to give feedback whenever they wanted and did not have to wait for a structured meeting or questionnaire. One relative said, "We are always asked by the managers every time we visit [for feedback]."
- There were regular staff meetings. These included meetings with night staff, kitchen and domestic staff and senior care workers. Staff told us they felt they had a voice and were listened to by the registered manager.
- The registered manager told us that the home was part of the local community. There had recently been a summer fete held in the grounds. The registered manager told us relatives, friends, neighbours and the local police attended. Money raised was put towards items that enhanced people's quality of care such as a large free sanding computer tablet designed to help people with dementia.

Working in partnership with others

- The home worked in partnership with the local authority. There were records of visits by the local authority quality team, with the last visit in September 2019.
- Healthcare professionals were positive about how the home worked with them. One healthcare professional told us, "She's [the registered manager] able to inform me why she wants professional input and provide an evidence base as to what the person's need is."