

Oak Farm (Taverham) Limited

Oak Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Oak Farm is nursing home providing rehabilitation to people living with brain injuries. The home can accommodate up to 32 people and at the time of the inspection was supporting 24 people. The service comprises of a main building which can accommodate up to 28 people and a smaller unit supporting four people.

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

We identified continued concerns in relation to the governance and oversight of the documentation within the service. These areas caused risk to the people being supported due to records not always being clear or accessible to the staff team. Whilst regular auditing of documentation had been completed, this had failed to highlight areas we identified.

Mental capacity assessments were not fully completed on all occasions evidencing how the person's capacity had been assessed to enable the least restrictive decision to have been reached. Capacity assessments lacked detail to evidence the person had been involved in the decision. Following the inspection the provider has introduced revised capacity assessments to add greater details.

Goals set for people were not always meaningful to that person. The quality of records made it difficult to track progress for each goal and lacked detailed involvement with the person to set the desired goal initially.

Cultural assessments were not sufficiently comprehensive, ensuring that the person's spiritual needs or beliefs could be suitably met. There was a lack of detail how to support people with their chosen religion. Following our inspection the provider has implemented expanded cultural care records.

Care plans were not accessible to the staff team. These files were large in size and made finding key information challenging. This delay in finding information could cause potential risk to the person being supported in an emergency situation. Staff were not always clear on all areas of the care plans. This could lead to inconsistent support being offered to the person.

Staff were observed supporting people in a caring manner. Knocking on people's doors prior to entering the room and offering choice where this was possible.

People were positive about the support they received and felt safe within the care environment. Families and visiting health and social care professionals were also positive about the service and felt communication had greatly improved.

Medicines were safely managed and the service was clean and well maintained when we visited. Staff were observed to be wearing the correct Personal Protective Equipment to keep themselves, and others safe.

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

Rating at last inspection and update:

The last rating for this service was Requires Improvement overall (published 31 March 2021), with Inadequate in Well-Led and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made however, the provider remained in breach of the regulations associated with good governance.

The service has been in special measures since January 2020. During this inspection the provider demonstrated some improvements had been made. However these were not sufficient, and the service remains inadequate in well led due to continued breaches over five inspections. As such the provider remains in special measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. Existing conditions of the providers registration will remain in effect.

We have identified breaches in relation to the risk assessing to keep people safe and oversight of the service in relation to the documentation completed to keep people safe.

Please see the action we have told the provider to take at the end of this report.

Follow up

Existing conditions served as an outcome of our last inspection will remain in place for this service. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Oak Farm

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

One inspector and one inspection manager completed a site visit on 19 October 2021. The inspector then returned for a second site visit on 25 October 2021. An Expert by Experience also supported with this inspection by making telephone calls to relatives and people using the service. 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

Oak Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave a short period of notice for the first day of inspection. This was to ensure the registered manager would be available during our visit. The second day of inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent to us on a monthly basis, as a result of conditions imposed following the previous inspection. We used all of this information to plan our inspection.

During the inspection

We also spoke with three people that used the service and four family members of people living at the service. We spoke with ten staff face to face or by telephone. We spoke with a range of staff including the registered manager, therapists, senior carers and carers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at multiple records including care plans and daily records for six people, team meeting minutes, medicine records, staff files and monitoring and audit information.

After the inspection

An action plan was requested from the provider to give assurances on what improvements they would make following the site visit, with clear timescales on these improvements. This information will be considered alongside the ongoing monitoring of the monthly conditions the provider supplies to the commission.

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to assess and manage the risks to people living in the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Care plans and risk assessments had not highlighted all risks relating to the people supported and given clear instructions to staff to ensure consistent safe support could be offered. The care plans for one person who smoked did not include a risk assessment or care plan around the safe storage of smoking equipment where there was a known risk. Staff confirmed they were aware of these risks when we spoke to them and were clear on where to store smoking equipment to maintain the safety of the people supported.
- Records used to monitor the support provided were not always fully completed or in sufficient detail to evidence the support the person had received. The daily records were task-based and did not always capture the person's well-being or how they had been engaged that day.
- Where a person was at increased risk of malnutrition, dehydration or of skin breakdown, records completed did not always evidence these risks were being effectively managed and sufficient action taken place when required.
- We had highlighted concerns with record keeping and the care plans used within the service at our previous inspections and concerns still remained. Although staff spoken with knew how to support people there was a lack of oversight on the completion of these documents and the accessibility of key information.
- Care plans were not always accessible to staff when they required them. Information required to support people with their hydration, dietary requirements and other health conditions was locked away during our visit. This presented a risk that staff would not support people consistently and as recommended by health professionals. Following our inspection, the provider stated that these records were now placed within each person's bedroom.

The provider failed to ensure that risk assessments always identified the action staff should take to mitigate identified risks and key information was not available to keep people safe. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On our second day visit to the service improvement had been made to the record keeping. A number of

additional records had now been implemented. These records were to be checked daily by the nurse on duty and actions taken where required. The handover book used by the nurses highlighted where they had deemed people needed additional monitoring around their fluid intake due to their low intake the day before. These documents and practices still require further review and embedding to give greater assurance.

Using medicines safely

- An electronic medicines management system was in use at the service. Staff told us this worked well and they had received training on how to use it.. Staff were observed using this system and they appeared confident and competent with this.
- Medicines were stored securely in locked cabinets within a locked room. An additional locked controlled medications cabinet was also in situ in the service.
- Staff followed guidance from health care professionals. Where a person refused their medication, staff offered this again later.
- Application records for topical medication (such as prescribed creams and ointments) were in place within the service. These gave detail on where on the body the prescribed cream was to be applied.

Systems and processes to safeguard people from the risk of abuse

- People told us their loved ones were safe. One family member said, "I couldn't think of a better place, they go beyond the call of duty. I know all of them personally. It feels somewhere safe. They get everything right, I am alerted within minutes if anything is going on."
- Staff were able to confirm examples of abuse and what action they would take to raise any concerns both internally to the management and provider and externally to the local authority and CQC.
- Secure records were kept of all safeguarding alerts raised, which evidenced actions taken following these concerns, in line with the provider's policies.

Staffing and recruitment

- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks.
- People told us they felt there were enough staff to meet their needs. One person told us when requesting support, "You don't have to wait, they are there in an instant."
- The service deployed a number of staff in different roles. A staff member told us that if there are not enough care assistants at any time that, "the nurses [and] kitchen staff all help". They went on to say, "Everyone helps support people."
- Training matrix's reviewed evidenced that all staff had completed relevant training for the roles they were employed in.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- On the first day of inspection nutrition and hydration records were reviewed by inspectors. The total intake of fluids people consumed were not checked daily which presented a risk of dehydration to the people supported. On day two of the inspection all fluid intake records were identified to have been checked, and there was evidence that information was being handed over to the next shift in relation to hydration and nutrition. This process requires time to become fully embedded.
- Staff were able to confirm the correct way to support people with their fluid and nutrition. Where a person's nutritional support was currently being reviewed, staff were aware of this and were aware of people's upcoming appointments with external healthcare professionals to further review this support.
- Care plans detailed how to support people at mealtimes. However, these documents were large and locked away. This could cause a potential risk that inexperienced staff may not be fully aware of the risks or preferences of a person in relation to their nutritional needs. Following the inspection, the provider confirmed that the required information was now accessible within the person's bedroom.

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.

- Mental capacity assessments had not been adequately completed. These did not detail the conversation that had taken place to assess capacity, nor that this conversation had been repeated to determine if information had been retained. This was not in line with the MCA and posed a risk that people could be restricted in an unnecessary way. Following our inspection, the provider confirmed that a new mental capacity assessment form has been introduced that evidences the conversations had with the person supported.

- People were observed to be given choices on both days of the inspection. Staff also confirmed that people were given choices in what they would like to wear and how they would like to spend their day. People told us they chose what they wanted to do and where they wanted to go.

- People's families confirmed they had been consulted in relation to capacity assessments and Best Interest meetings were held. There was evidence within the care plans of family involvement where they were not able to physically attend the service for meetings.

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

- Admissions to the service were managed safely. The registered manager confirmed that when there was a new admission to the service a care plan was implemented within 24 hours. This record was then added to as the person settled within the service. During the initial 24 hours the assessment information was available to the staff team.

- Assessments were obtained from health and social care professionals prior to people's admission to the service and used to help plan people's care.

Staff support: induction, training, skills and experience

- Staff completed a range of training with a mixture of face to face and e-Learning to ensure they had the skills and competencies to safely support people.

- New staff members completed a two- week shadowing period whilst completing their training. During this time the staff member observed practice and developed their understanding of the role.

- Inexperienced staff worked alongside experienced staff to ensure they had direct supervision at all times and the opportunity to ask any questions as they arose.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service told us they worked alongside external professionals and sought their input in a timely way when required. External professionals told us that they felt the service supported people in a proactive manner and contacted themselves at appropriate times.

- Record keeping evidenced that speech and language therapists had been engaged where a person's nutritional intake support had changed. This ensured people received correct support and input as their support needs changed.

- The service has their own internal physiotherapists and occupational therapist. This allowed the service to review moving and handling techniques and support people with specific exercises to support them in their rehabilitation to maintain or strengthen their levels of independence.

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

- The service has numerous pieces of equipment to support people with varying specialist requirements. These included a variety of lifting equipment, seating arrangements, adapted computers and a gym with further equipment to support their well-being.

- People's bedrooms were seen to be personalised with photographs and their own belongings, allowing the person to make this area feel homely.

- Corridors within the care environment were wide, allowing people sufficient space to mobilise independently, with equipment and with staff support.

- A smoking area was available for people who wished to smoke behind the service. In addition, at the front of the service there was a log cabin that people were able to use and to support with visits from their loved ones.

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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's diverse needs were not fully captured within their care plans. A religious and cultural assessment was completed for each person, but sufficient information was not detailed within this record in relation to how they practiced their religion or how their spiritual needs could be met. Following our inspection, the provider confirmed that expanded cultural information is now captured within the care plans, fully detailing people's spiritual support requirements.
- People's families and visiting health care professionals told us they felt people were treated with respect and compassion. One relative told us, "They [staff] are very caring . They have the client's' best interests at heart."

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

- Goals for people were listed alongside their individual care plans. However, these documents did not track progress made to achieve individual goals and were not clear on when or how the goal would be achieved. For example, one person's goal stated, 'I need support to continue to communicate effectively to the others'. No details were evidenced on how the goal had been set or how this would be accomplished.
- People told us they were involved in preparing their care plans and choosing how they wished to be supported.
- People were able to attend meetings about the running of the service, to give opportunity to share their thoughts and feelings. People told us they were happy to discuss their care with staff and the registered manager if they wished to change anything or raise any concerns.

Respecting and promoting people's privacy, dignity and independence

- On both days of the inspection, a privacy screen was used in a communal setting to support a person. On one occasion it was possible to see the support being completed to this person and thus not protecting their dignity.
- People's confidential, personal information was kept securely to ensure their right to privacy was respected.
- People told us they were happy residing at the service and felt staff were approachable and kind. Family members of people supported also felt staff were caring and supported their loved ones well.
- Staff were observed knocking on people's bedroom doors before they entered, and closing people's doors when attending to the support needs of the person; to protect their dignity.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Care plans were large, not personalised and difficult to follow, or locate the essential information required. Staff told us they read people's care plans regularly and were tested on their knowledge of the content by the management.
- One person's care plan said that they were not able to use the call bell system to alert staff if they needed support. Not all staff were clear on this and gave varying answers. The registered manager confirmed a meeting was completed with the staff team following our inspection to ensure they were all aware of who could or could not access call bells.
- Where a person needed support with mobilising, the care plans were not detailed enough for staff to follow. One person was supported using different equipment at different times of the day.. Staff told us this was due to the person's varying mobility. This was not clearly recorded within the care plan causing potential inconsistencies in care and placing the person at risk. Following our inspection, the provider shared an updated care plan giving clear instruction on how to support this person and how to assess their mobility prior to supporting them.
- Oral care was recorded daily to indicate when this was completed or refused by people. Where a person refused this support, there was not a detailed support plan directing staff what to do to maintain the person's mouth care and address associated risks. Following our inspection, the provider confirmed a new guideline has been added to people's care plans detailing what to do following an oral care refusal.

End of life care and support

- Care plans detailed where a person had a 'Do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. One person was found to have a DNACPR decision issued previously when their health had severely deteriorated. This person's health had now improved but there was no evidence this decision had been reviewed. We highlighted this to the registered manager who said they would ensure this decision was reviewed. Following the inspection, the registered manager confirmed that the person's GP had been contacted and a follow up meeting with the family of this person was being planned.
- Staff were clear on who had a DNACPR decision in place. This information was held in a dignified manner to ensure this decision was kept private at all times.

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 to meet the needs of people. For example, menus were

available in pictorial form with photographs of the meals served.

- People had access to equipment such as adapted computers. The registered manager told us that information technology staff supported people by means of information technology lessons. People were supported to communicate with their family by using social media using their computer.

Improving care quality in response to complaints or concerns

- None of the people, their relatives or visiting professionals raised any complaints or concerns during our conversations, however they all felt confident that if they made a complaint it would be dealt with quickly.
- Where complaints had been raised in the past, these had been investigated and addressed, providing a formal response to the complainant where possible, in line with the provider's policies and procedures.
- The registered manager told us surveys had previously been issued to relatives and families, but only a small number of responses had been received. The registered manager explained they will be re-issuing these to gain greater feedback.
- The registered manager told us they maintained regular communication with family members when they visited and called the service; to ensure they were aware of any feedback they may have.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At the last four inspections the provider has failed to show there was an effective governance systems at the service. This has been a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This is the fifth inspection where the domain of Well-Led had not been rated as Good. Numerous audits and action plans had been completed within the service, but the provider had failed to identify areas of concern we identified during this inspection.
- Following our last inspection, we imposed conditions on the provider's registration requiring them to provide monthly updates on their action plan and copies of audits completed within the service. Although requested information had been completed and sent to the commission, this has had little impact on improving the service currently being delivered. These conditions will remain imposed following this inspection.
- We found care records were not always accurate and the full support needs of the person not effectively detailed. This posed a risk that support could be completed inconsistently causing potential risk to the person receiving the support. The registered manager told us that numerous members of the management team reviewed care records, including themselves and the area manager. The registered manager also confirmed staff had received training in creating and reviewing care plans. This process had not been effective in driving improvement.
- Staff told us they had read people's care plans, but when asked gave different information relating to a person's support to the information contained within care plans. Where a change in a person's support needs was identified, care records had not always been updated to ensure a consistent approach.
- We found a lack of oversight by the provider where people had their nutrition and hydration monitored as well as where people required repositioning to protect their skin integrity. On the first day of our inspection, there was no evidence associated care records were reviewed on a daily basis or actions taken to ensure people's well-being. On the second day of inspection improvements were identified in this area, but this new practice requires time to become embedded.
- The provider's quality assurance processes had not identified improvements required to the documentation in place to reduce risk of an inconsistent approach by the staff team and to keep people safe. Emergency medication procedures, speech and language therapist (SALT) guidance and information relating to individual risks to people were stored in a locked centralised cabinet. This information was not

available to staff members in an emergency.

The provider continued to fail to ensure an effective system was in place to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following this inspection, the registered manager told us they had now delegated a member of staff who would review daily recordings each day to ensure they were sufficiently completed and ensured any actions were completed. This new approach needed time to be embedded into staff practice, to ensure consistency.
- Following this inspection the registered manager informed us they will implement a trainer to support implementation of electronic care plans and daily records. This will ensure staff were suitably trained to utilise this system and enable improved provider level oversight.

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

- The commission received notifications from the service when required around specific incidents in line with the provider's regulatory responsibilities. The last inspection report was on display in the service and available on the provider's website to ensure people and families were kept updated.
- People told us they felt comfortable to raise any concerns when required. We saw evidence of regular meetings between people supported and staff; giving people the opportunity to raise any concerns and to be updated on changes within the service.
- Families felt involved in their loved one's support, and that this had improved since the last inspection. One family member told us, "Things have improved, and they (staff) approach the relatives more."

Working in partnership with others

- External health and social care professionals were positive about the service. One professional told us, "Oak farm always had the welfare of its residents at the centre of its provision."
- The registered manager told us they engaged external professionals where they identified a need for a review of a person's support needs. One professional told us, "Communication with the manager has been particularly good. They actively initiated communication regarding clients."