

Symphony Care Limited

# Symphony House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Symphony House Nursing Home is registered to provide accommodation and nursing care for up to 25 older people. The service comprises of two buildings joined by a hallway. At the time of the inspection there were 24 people using the service.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being, staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all. Staff supported people to live healthier lives and access healthcare services.

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. The premises were homely and adapted to meet the needs of people using the service.

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.

Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained.

Care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service was well managed. There were systems in place to monitor the quality of the service. Actions

were taken, and improvements were made when required. Everyone without exception praised highly the registered manager who was approachable, resourceful and provided strong leadership. All staff told us they were motivated to work with the registered manager to ensure people received good quality care.

The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon.

Rating at last inspection (and update): The last rating for this service was Requires Improvement (published 28 September 2018) and there was one breach 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 improvements had been made and the provider was no longer in breach of regulations.

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

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Symphony House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people who use regulated services.

#### Service and service type

Symphony House 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.

Inspection activity started on 2 September 2019 and ended on 2 September 2019.

#### 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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with eight people who used the service, two relatives and a visitor to the service. We had discussions with seven staff members that included the registered manager, the cook, and five nursing and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records of three people who used the service; we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# 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 now improved to Good: 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 and relatives told us their family members received safe care. One person said, "I feel safe here because of the staff." Another told us, "I'm very safe here. I used to have a lot of falls and now I can't walk, so here they make sure I'm safe." A relative commented, "It was a big concern to me to make sure that my [family member] was and felt safe and I know they are here."
- Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was at risk. One said, "I would have no hesitation in reporting something I was concerned about." Staff told us, and records confirmed that they had completed training in relation to safeguarding and whistle blowing.
- There were policies and procedures in place to provide the registered manager and staff with guidance about how to report any safeguarding concerns. We saw that the registered manager had raised safeguarding alerts appropriately and had systems in place to investigate any concerns.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of malnutrition and dehydration and there was specific guidance in place for staff to follow to reduce this risk.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- At the previous inspection there had been some dissatisfaction expressed about staffing levels. However, at this inspection we received positive feedback. People felt there were enough staff to meet their needs in a timely manner. One told us, "I feel safe and I have the call bell always with me. If I have to call it's never a long time." Another said, "There are enough staff for my needs."
- Staff told us they felt there were sufficient staff to meet people's needs. One staff member said, "Yes we have enough staff. There is good team work and we support each other." We received positive feedback from all the staff we spoke with. Staff rotas showed that staffing was consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

### Using medicines safely

- People continued to receive their medicines safely. They all told us they had their medicines on time. We saw one person being given their medication. The staff member was friendly and didn't rush them.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff had undertaken training and had their competency checked so they could give people their prescribed medicines safely. One commented, "We have regular competency checks to make sure we are still following best practice."
- There were policies in place about the safe management of medicines and staff knew what to do in the event of a medicine error.
- Staff completed medication administration records when they had administered a person's medicines and we found these were fully completed with no errors.

### Preventing and controlling infection

- People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.
- The environment was clean and hygienic, and people told us the service was always clean. One person said, "They are always cleaning." A member of staff commented, "When I first walked through the doors there was no horrible odour and I thought they must be doing something right." The kitchen was inspected by the Food Standards Agency in April 2019 and received a rating of 'Very Good'.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, when people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.



# 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 now improved to Good: This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. The assessments process considered people's compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person told us, "I think that the staff are trained and well skilled for their jobs." A staff member said, "The training is very good. I get all the training I need to do my job."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through their one to one meetings.

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

- We received very positive feedback about the quality of the food and meal times. One person said, "The food here is very nice, we have a choice and portion size is good. It's just right for me." Another commented, "The food is wonderful, and I can have a hot drink to go to bed with."
- Staff followed health professional guidance in providing food at a consistency which was safe, for example to prevent choking. A relative informed us, "Sometimes [family member] has problems with their throat so has softer food or the staff will mash it up; they are very thoughtful like that."
- Staff placed a strong emphasis on the dining experience and saw it as an important social activity. Every effort was made to enhance people's social interaction at meal times and increase their nutritional intake; all of which contributed to their mental and physical well-being. We saw food was always cooked fresh and this included homemade cakes and biscuits.
- Staff were constantly looking for innovative ways to encourage people to enjoy life by eating well. We saw that there were regular themed restaurant nights, for example people had enjoyed a food from around the world evening. We saw that feedback about this was extremely positive and people were asked to provide

suggestions for other themed nights.

- Special attention was paid to the environment, the menu, the music playing in the dining areas and choice. Families and staff were encouraged to sit with people and share a meal to encourage social interaction and enhance people's dining experience. We observed this on the day of our visit.
- We spoke with the chef and care staff who all had a good knowledge of people's dietary needs and preferences. We saw that special diets were catered for, as well as any allergies people may have.
- We observed the lunchtime period and saw that people received the support they required to eat and drink. When one person did not want what was on offer, the staff were able to provide them with an alternative promptly.

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

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. One person told us, "I've got an eye appointment at the hospital tomorrow. [Name of registered manager] has arranged it as I haven't any family nearby to take me. I have to take a taxi and a member of staff comes with me as I use a wheelchair out of the home. As I'm having problems with my hearing aids [name of registered manager] has said they will call in to the drop-in clinic to get them sorted as well."
- People's care plans included information about their health needs, medication and allergies. For example, we saw that people's weight was regularly monitored we saw detailed assessments for people's oral healthcare.
- Information was recorded about appointments to see healthcare professionals which showed concerns were acted on and treatment guidance was available to staff. People's healthcare information was reviewed regularly to check they had been updated in line with their needs.

Adapting service, design, decoration to meet people's

- The building and amenities were suitable and accessible to the people living at the service. The layout of the building ensured that the environment offered plenty of personal space. There were various areas for people to use for different activities.
- People's rooms were decorated to their choice and needs.
- There were several communal areas which we saw were accessed and used by people and their family members who were visiting. People in wheelchairs could easily access these areas.

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 unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives

and appropriate others in people's best interests.

- Dols applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty. These had been kept up to date when an authorisation had expired.
- Staff consistently obtained people's consent before providing support. Throughout this inspection we observed staff obtaining people's consent before providing support to them.
- The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice.

# 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: This meant people were supported and treated with dignity and respect; and involved as partners in their care. At this inspection this key question has remained the same.

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

- Staff had developed kind and supportive relationships with people. One person told us, "I've only been here a short while and I panicked when having to use the hoist, but the staff are lovely and reassure me and now I feel comfortable with it." Another said, "The care is good here. I can't do what I used to, so they help me a lot and are very nice." A relative commented, "I have no concerns over [family member's] care here, I'm not here every day but I know [family member] has good care, especially at night."
- We saw caring interactions between staff and people throughout the inspection. For example, we observed two staff using a hoist to move a person. They were gentle and moved at a slow pace, reassuring them and chatting throughout the procedure. There was friendly banter and one staff stayed with them for a few minutes after the procedure, crouching down at their level and making sure they were comfortable.
- We saw compliments received from people and relatives who had used the service. One read, 'Where do I start to thank you. Each and every one of you showed [family member] so much compassion, love, care, interest and kindness. From the very first moment Symphony House opened its doors to us we knew this was the place for [family member.] You are like a family. A family of which we became a part. I cannot praise you all enough for the care you showed [family member]. I really cannot put into words how much you are all appreciated. Your dedication to your duties, has no boundaries. Please believe me when I say I feel so privileged to have had our [family member] looked after by you all. You are marvellous and you all hold a very dear place in my heart. I will never forget any of you nor will I forget the kindness shown to me throughout'.
- People thought staff and the registered manager often went the extra mile to ensure their needs were met. One person told us "At Christmas [name of registered manager] arranged for a table to be set up in my bedroom and I had my children and grandchildren round for dinner. It was lovely."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. There were regular church services, so people could practice their chosen faith.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to sit. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care.
- All staff we encountered spoke about people with warmth, respect and positive regard. People told us staff were always friendly and welcoming. During our visit we witnessed staff and managers greeting people by name and taking a genuine interest in them.

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

- We observed people's opinions being sought for day to day tasks. For example, staff asked people what

they wanted drink and eat or where they would like to sit.

- Records showed that people were involved in review meetings to discuss their care, express their views and make decisions about the care provided. Relatives we spoke with confirmed they were also involved in their family member's care and staff kept them well informed. One person said, "I feel involved in everything about my care and they talk with me about things."
- Staff supported people with every-day decisions such as helping people decide what to wear and how-to co-ordinate clothing so that they looked 'smart' which people told us was important to them.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "The staff always knock on my bedroom door and call out when they want to come in." Another commented, "They always knock on the doors and are very respectful when they move me in the hoist." A relative told us, "They do respect [family member's] privacy and dignity, they cover them up, pull the curtains and are very polite to them."
- People were encouraged to maintain their independence and do as much as they could for themselves.
- People's care plans included information on things people could do for themselves and those that they needed staff support with.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

# 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 now improved to Good: 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 needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. One person said, "The staff discuss my medication and treatment. They explain things to be and I feel involved." Another commented, "This home is irreplaceable. It's really good and has exceeded our expectations."
- We saw that care plans had been kept under regular review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans regularly or when there are any changes. We do this with the person and family and record any comments they wish to make about changes to their care." This helped ensure staff were provided with up to date and appropriate information to meet people's needs.
- Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, previous hobbies and interest and who their friends were within the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.

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 were supported to follow their interests and take part in activities in the wider community to avoid social isolation. One person told us, "I love the different activities, the garden party yesterday was wonderful, we had staff, friends and families here it was marvellous. A relative commented, "It's difficult for [family member] to get to the activities so if they have a quiz [name of registered manager] will often bring it into [family members] bedroom so they can join in. We had 'Play your Cards Right' with the huge cards that he brought in for [family member] and me to play. He brings in quiz questions, so we always feel involved."

- Visitors were warmly greeted by staff and people's relationships with their family members were encouraged and promoted. Relatives told us, they were invited to join their family members at mealtimes, for activities and social events.
- There was a monthly information leaflet with dates, pictures and clear information on what events/activities were coming up. We saw this displayed around the service.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people using the service and was easy to use. One person told us, "I haven't had to complain but would be happy doing so if I needed to."
- We saw the service had not received any written complaints in the last 12 months. However, the provider had systems in place to investigate any complaints, with the outcome, any actions taken, and lessons learned recorded and shared with staff.

#### End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements if they wished to share this information.
- At the time of our visit one person was receiving palliative care. Their care plan was detailed and comprehensive so that staff were able to follow the guidance and meet the person's needs.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

# 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 our last inspection the provider had failed to ensure systems were in place to robustly place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good: 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 staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- Without exception everyone spoke highly of the registered manager and how much work he put in to the smooth running of the service, including the activities. Comments included, "[Name of registered manager] is brilliant, fantastic." "The manager here is really good." "I can't fault the home, [Name of registered manager] is a brilliant manager." "My family and have not got a bad word to say about here."
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- The service had a friendly and open culture, and people told us they found the registered manager very approachable and easy to talk with. A visitor commented, "If it wasn't a well led home I wouldn't keep coming back to help out. [Name of registered manager] is great."

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 ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw this had been updated and was displayed in the hallway.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened



to and well supported. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "Our training is good. The manager is so supportive of us. They are always available to help and advise."

- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These included but were not limited to care planning, health and safety, training and medicines. These enabled the registered manager to identify any areas for improvement and develop action plans to address these.
- The provider visited the service at least twice a week. They completed quality checks of their own which were then shared with the registered manager to action any necessary improvements. We saw these always involved talking with people, visitors and staff.
- Staff felt valued and listened to. The registered manager continued to run an annual awards ceremony where staff members were chosen by people, relatives and other staff because of their individual qualities and contribution to the home.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- People and relatives were engaged in the service and how it was run. One person said, "We have a questionnaire to ask what things can be improved on."
- We saw there were various forums where people could make suggestions and express their views about the service. For example, there was a suggestion box in the main hall way, satisfaction surveys and complaints forms were accessible to people and visitors in communal areas. There were also regular 'resident and family' meetings. We looked at the meeting minutes and saw that feedback was gathered about the food, activities, and future plans. Actions were taken when required to address any concerns.
- Staff told us they had regular team meetings where they were encouraged to openly discuss any issues or areas for improvement and share new ideas.
- Satisfaction surveys were sent out to people and family members to comment on the overall quality of the care. We looked at the latest surveys and saw that all the comments without exception were very positive. They included, 'I as a visitors can see that the care and support is excellent' and 'The home manager, and staff are all competent, caring and provide an excellent service to residents which I feel would be hard pushed to improve.'
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service worked with local services such as the local church, so people could follow their chosen faith.
- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietitian, the tissue viability nurse and peoples GP's.