Kivernell Care Limited

Kivernell Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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: Kivernell Care is a domiciliary care agency that provides personal care, live-in care, respite and domestic services to people in their own homes, some of whom were living with dementia or complex health needs. The service operates in the New Forest, Lymington, New Milton and Christchurch areas. There were 105 people using the service at the time of our inspection.

People's experience of using this service:

• At our last inspection in May 2016 we rated the safe domain as 'Good'. This inspection identified some areas where improvements were needed and the domain is now rated as 'Requires Improvement'. Risk management strategies needed to be more robust. For example, records reflected that staff were giving one person foods that were not in line with their assessed dietary needs. Staff knew who to inform if they witnessed or had an allegation of abuse reported to them. They were confident the registered manager would act upon any concerns. There were sufficient numbers of care workers available to meet people's needs. Recruitment practice was safe and overall medicines continued to be safely managed. Infection prevention and control processes were in place. Accidents and incidents were documented and monitored for trends.

• At our last inspection in May 2016 we rated the effective domain as 'Requires Improvement'. This inspection found that improvements had been made and the domain is now rated as 'Good'. Assessments of people's needs were comprehensive. People said staff were knowledgeable, competent and suitably skilled. Records were now being maintained of the training that staff had completed which allowed the registered manager to have better oversight of this, although we have made a recommendation that the registered manager review the current training programme to ensure it fully reflects the needs of people using the service and provides ongoing assurances about the competency of staff. Staff supported people to have access to sufficient food and drink of their choice. Staff recognised if peoples' health or wellbeing was deteriorating and appropriately sought medical advice to address this. We have, however, made a recommendation that the registered manager make body maps available to staff to contemporaneously record bruising, marks or skin damage found as an aid to later assessing the cause of these or to monitor the healing process.
The completion of mental capacity assessments needed to be further embedded within the service. Action is being taken to address this.

• At our last inspection in May 2016 we rated the caring domain as 'Outstanding'. Our inspection findings, and the feedback received, at this inspection now supported a rating of 'Good'. Staff displayed a genuine desire to enhance people's wellbeing and understood it was a person's human right to have their choices respected and to be able to express their views. People confirmed that staff helped them to stay independent and were mindful of their privacy and dignity.

• People continued to receive care that was responsive to their needs. Care plans were person-centred. This,

along with the fact that many people had good continuity of carers supported staff to develop meaningful relationships with people. Overall people were confident that any concerns or complaints would be listened to and acted upon. Staff understood the importance of working with other health and social care professionals to provide end of life care in a person-centred manner.

• The service continued to be well led. People, their relatives and staff were positive about the leadership of the service. There was a clear leadership and management structure in place and staff were clear about their role and responsibilities. Whilst some quality assurance checks were taking place, the management team had already identified that these would benefit from being strengthened and more clearly documented. Action is being taken to address this.

• More information is in the detailed Findings below.

Rating at last inspection:
• Good (The date last report published was 9 June 2016)

Why we inspected:
• This was a planned inspection based on the rating at the last inspection in May 2016. The service remains Good.

Follow up:
• Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Good'.

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 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**

Kivernell Care Ltd

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Our inspection was completed by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Kivernell Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account and wider social care provided.

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

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection.

What we did:
The inspection site visit was on 4 February 2019. We visited the office location to see the registered manager and to review care records and policies and procedures. We contacted people by telephone about their experiences of using the service on 4, 5 and 6 February 2019.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. We had asked the provider to

complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people and two relatives by telephone. We spoke with the registered manager, deputy manager and a care coordinator. We also received written feedback about the service from 16 care workers and five health and social care professionals.

We viewed the care and support records for four people and other records relating to the management of the service such as audits, incident forms, three staff files, complaints and compliments and policies.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires improvement. Some aspects of the service were not always safe which increased the risk that some people could be harmed.

Assessing risk, safety monitoring and management

● People told us they felt safe when being supported by staff. One person said, "Yes I do [feel safe] they are very good". A relative said, "[Family member] is very very safe, we have five regular carers in a team and he knows them well, we're like a family and we trust them all".
● The systems in place to assess and manage risks to people were not, however, always sufficiently robust. One person had been assessed as being at risk of choking and their care plan did provide some guidance about which foods were suitable and which should be avoided. However, daily records reflected that staff were giving the person that was not in line with the person's assessed dietary needs. The person's care plan also did not include guidelines for staff on what they should do should the person start to choke. In response to our concerns, the registered manager is taking action to work with this person, their family and healthcare professionals to reach a shared understanding of which foods are appropriate and that the care plan fully reflects this.
● One person's care records stated they were at risk of poor skin integrity, but there was no care plan in place which clearly set out the factors that might increase the risk of skin damage developing or how these might be minimised. Similar concerns were identified throughout the inspection in relation to risk management. In response to our concerns, the registered manager had arranged to meet with their consultant to review how risk is assessed and managed and documented.
● Other risks were well managed. People had detailed moving and handling care plans. These considered how the person's cognition and pain, for example, might affect the safety of any moving and handling interventions.
● Risks associated with the person's home environment had been assessed and planned for.
● A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.
● Staff spoke positively about the 'on call' service from whom they could seek advice or support in the event of encountering new risks or concerns when visiting people.

Systems and processes to safeguard people from the risk of abuse

● Policies in relation to safeguarding and whistleblowing were in place and staff received annual safeguarding training. Staff knew who to inform if they witnessed or had an allegation of abuse reported to them. They were confident the registered manager would act upon any concerns.
● Health and social care professionals expressed a confidence that staff at Kivernell Care appropriately recognised and reported concerns about peoples' safety. One told us, "Kivernell Care were very prompt in flagging up any concerns they had, however mild, and when there was a more potentially serious allegation

they were quick to flag this up and ensure it got followed up by the appropriate channels".

Staffing and recruitment

● People and their relatives told us there continued to be sufficient numbers of care workers available to meet their needs. Comments included, "They are not often late and spend the right amount of time" and "I am not rushed".
● The staffing levels were determined by the number of people using the service and their needs.
● Most staff told us that their schedules were generally realistic. A small number of staff said some visits did take longer than scheduled, and that the travelling time between visits could be tight, particularly if they were supporting a new person whose routine and needs they had yet to become familiar with. However, they confirmed, wherever possible, the office team would try to address any concerns they may have.
● Within the last twelve months, there had been two missed visits reported. The cause had been investigated and remedial actions taken in response.
● Recruitment remained an ongoing challenge, but the registered manager told us they only took on new packages of care when staffing numbers allowed this.
● A range of recruitment checks took place before staff started working at the service. Records showed staff completed an application form and had a formal interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.
● One staff member did not have a full employment history documented but this has since been clarified.

Using medicines safely

● Overall medicines continued to be safely managed.
● Staff were trained and deemed competent to administer medicines and were clear about what action they should take in the event of a medicines error.
● Information was available about how people's medicines were obtained and where they were stored. Peoples independence to manage their own medicines was maintained if it was safe to do so.
● Medicine administration records (MARs) mostly provided assurances that people received their medicines as prescribed, although we did see that some of the MARs relating to topical creams either contained some gaps or indicated that the topical creams were being used more frequently than prescribed. This had been a concern at out last inspection too. Additional quality monitoring systems are being put in place to address this.

Preventing and controlling infection

● Good practice guidance was followed to ensure infection prevention and control processes were implemented. Staff had access to personal protective equipment (PPE) and were aware of the need to use this. The registered provider carried out spot checks on staff to ensure infection control processes were consistently implemented.

Learning lessons when things go wrong

● Four accidents, incidents or near misses had been documented in the last six months. Each one had been reviewed by the registered manager to ensure that appropriate remedial actions had been taken and to see whether there were any themes of trends.

Good

Is the service effective?

Our findings

Effective – this means people's care, treatment and support achieved good outcomes and promotes a good quality of life based on best available evidence.

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

● Feedback from people indicated that they were very happy with the care provided. They felt their needs were met effectively and everyone was happy to recommend the service to others. One person told us, "They [staff] have learnt about my condition and how to deal with everything". Another person said, "We are confident with their use of the [moving and handling] equipment". A relative told us, "They do everything to a good standard and I have peace of mind". Health and social care professionals described the service as "Consistent" and "Reliable". One said, "Without fail, in reviews, clients report that they are provided with a good level of care by the Kivernell carers and that the carers 'go the extra mile' to provide a good quality of input".
● Assessments of people's needs were comprehensive and covered a broad range such as the person's health needs, dietary requirements, mobility and mental health.
● It was evident from care plans how the person's needs were to be met.

Staff support: induction, training, skills and experience

● People told us that staff were knowledgeable, competent and suitably skilled. One person said, "I think they [care staff] know what they are doing" and a second person said, "They are ok, experienced and trained".
● New staff received an induction during which they underwent some essential training mapped to the Care Certificate standards. Staff told us this helped prepare them for their role. For example, one staff member said, "I do feel the training / shadowing was sufficient to prepare me for my visits, and my clients were carefully selected for my care abilities. For any 'complex' care calls, I was teamed up with a carer but in a supporting role only. Once again, I was happy to assist and learn in this role as well as providing any assistance that was required. If I felt any further support was required, I only had to discuss this with the office and they would ensure I had every assistance needed".
● We did note that one staff member had only had previous experience as an informal carer, but had not been enrolled on the Care Certificate. This has since been done and the registered manager told us that moving forward all new staff without a nationally recognised qualification in health and social care would be put forward to complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.
● Records were now being maintained of the training that staff had completed which allowed the registered manager to have oversight of when this might need to be refreshed.
● Training was face to face and mainly up to date and covered the following subjects; safeguarding people,

the Mental Capacity Act, medicines management, infection Control, emergency first aid and moving and handling.
●The registered manager told us that additional online training was available in a range of areas including diabetes and nutrition and hydration, however, records showed that the completion rates of this additional training was low, with for example, only eight of the current 44 staff having dementia training. There was also currently no requirement for staff to refresh training in areas such as food hygiene and equality and diversity following their induction. We recommend that the registered manager review the current training programme to ensure it fully reflects the needs of people using the service and provides ongoing assurances about the competency of staff.
● Staff were positive about the training provided with one care worker saying, "We would never be asked to visit a client if there was any doubt we could not offer the care that was required. We have regular and updated in-house training to ensure we are given the best support and skills needed for people using the service".
● Staff received regular supervisions which mainly took place within people's homes in the form of observations of their practice followed by feedback about their performance. Staff spoke highly of the support they received from the management team.

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

● Where this was part of the agreed care provision, staff supported people to have access to sufficient food and drink of their choice.
● Care plans contained information about people's food likes and dislikes.
● Where there were concerns about a person's nutrition, staff worked with healthcare professionals to monitor this.

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

● Staff recognised if peoples' health or wellbeing was deteriorating and appropriately sought medical advice to address this. For example, staff had noted a decline in one person's behaviour and cognition, and had sought a referral to the community mental health team for a medicines review. Another person was prone to various skin conditions. Staff reported this to the office who were in regular contact with the district nurses regarding this. We did note that daily notes kept in people's houses could be used more effectively to track the progress of, and monitor the outcome of things like changes in skin condition. We have made a recommendation that the registered manager make body maps available to staff to contemporaneously record bruising, marks or skin damage found as an aid to later assessing the cause of these or to monitor the healing process.

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

● Where people were able to make decisions about how their care and support was provided, they were empowered and encouraged to do so.
● Care plans continued to be written in a manner that stressed the importance of people expressing their choices, for example, one stated, 'Ask [person] if they would like to get up and sit in the lounge of would prefer to remain in bed'.
● The importance of offering choice was commented on by all of the staff we contacted. For example, one staff member told us, "I will offer a client a range of meals so that they can make a choice, I will ask a client which tasks they would prefer we do first so that any decision making becomes theirs".

● A social care professional told us, "The staff were very knowledgeable regarding [person's] mental capacity towards various decisions and the consequences of it" and another said, "Team leaders have an understanding of [mental] capacity".
● We did note that the completion of mental capacity assessments in situations where there was doubt about the person's ability to consent to the care being provided, needed to be further embedded within the service in order to demonstrate that people are not being denied the right to make decisions for themselves.

● Whilst staff underwent training on the Mental Capacity Act 2005, the provider still did not have a policy in relation to the Act and how this should be applied, by staff, in practice.
● The Mental Capacity Act 2005 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.
● To address these issues, the registered manager and deputy manager are booked to attend a course for managers on assessing mental capacity in April 2019. They have also booked a meeting with a consultant for February 2019 to develop a policy regarding the MCA 2005.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● Everyone told us they were supported by staff who were kind and caring. For example, one person told us, "They [staff] are kind and caring and we have a good laugh". Another person said, "They [staff] ask me how I am and listen to me and show an interest in me, it's helpful when they notice I'm not feeling so good and talk to me about why I'm feeling anxious". The kind and compassionate nature of staff was reflected in a number of compliments the service had received. For example, a relative had written, 'Thank you for all the care and compassion that everyone gave to [family member] in the years that she was cared for. She always enjoyed seeing everyone and was always so thankful for everything that people did for her'. A health care professional told us, "My client has developed good relationships with those that have provided support to him and, if he did not believe they provided him with dignity and respect, he would be the first person to say".
● Two people felt that a small number of staff could be too focussed on the practical tasks and less so on the social contact. For example, "Just do the tasks and leave". Another person said, "For the majority of carers it's a vocation but not so much with a few". But this was not representative of the overall feedback which was positive.
● Staff displayed a genuine desire to enhance people's wellbeing and spoke of the importance of making a difference to people's lives and helping them to remain in their own homes. For example, one care worker said, "I love to see the people and knowing that I have in some way [made a difference] even if it's only something small like making lunch for example, and also knowing that someone is not on their own all the time, many of the people we see don't necessarily have friends or family near so we may be the only person they see all day".
● The deputy manager told us about how they had taken their tablet computer along to visit one person and that they had watched the royal wedding together along with a cream cakes. They said, "We had a little party for two".

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

● There was lots of evidence that people were supported to express their views. This started at the initial assessment during which staff sought people's views about how they would like every aspect of their care to be provided which was then formulated into a detailed care plan which was reviewed regularly.
● Staff understood it was a person's human right to have their choices respected and to be able to express their views. For example, one staff member told us, "[Person] can take over five minutes deciding what to wear, I make suggestions by showing different outfits but wait without rushing them to make their own selection".

● Similar comments were made by all of the staff we spoke with which demonstrated that a culture of respecting people's views was embedded within the service.

Respecting and promoting people's privacy, dignity and independence

● People confirmed that staff helped and encouraged them to stay independent. One person said, "They help me to do the things that I can for myself like brushing my teeth". A relative said, "[Family member] has limited ability, but they do encourage him to wash his own face".
● Staff told us how they supported people to complete other everyday tasks which were important to supporting people to remain in their own home, such as compiling shopping lists and keeping the environment clean and safe.
● Each person felt they were treated with respect and the support they received helped to maintain their dignity.
● Staff demonstrated a clear understanding of how to provide care in a manner that was mindful of people's privacy and dignity. For example, one staff member said, "Personally I will address the person in their preferred manner, offer choice, ensure privacy is provided during personal care (doors/curtains closed, towel draped over lap, keep the person dressed as much as possible during washing". All the people we spoke to confirmed that staff cared for them in a manner that was mindful of their privacy and dignity.
● A social care professional told us, "I have never had any doubt that Kivernell treat people with dignity and respect".

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

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

● Detailed assessments of people's support needs were carried out before people started to use the service. Care plans and records developed from these were person-centred. For example, they included a personal history which described the persons occupation, their family members and interests. This, along with the fact that many people had good continuity of carers supported staff to develop meaningful relationships with people.
● Peoples' preferred routines were described, as were the little things that helped people to retain control of their lives, and make the care responsive to their individual needs. For example, records showed that one person liked to have a pillow under his head and one under their arms when in bed for comfort and that due to previous surgery another person should be helped to dress in a certain order.
● A staff member told us, "We try to find out about the whole person, not just their practical needs but know their individual needs, we make the care plan specific to their wishes, nothing is set in stone".
● Overall the records seen reflected people's needs, but we did see a small number where some of the information could have been clearer or needed updating.
● We were told of several examples where the support being provided was having positive outcomes for people. Staff had meticulously designed a large package of care to support one person's discharge from hospital. The care visits were being carefully timed to reduce the risk of the person experiencing falls, but also to ensure their nutrition and personal care needs were met. To support continuity, the package was being provided by one main carer and was working well.
● Carers were successfully supporting one person living with dementia to remain living in their own home. Staff had used an imaginative approach to manage this person's risk of falls and were using white boards to remind them of important information including which carers were coming to support them and when.
● Staff had adapted the way in which they provided information to one person to meet their communication needs.

Improving care quality in response to complaints or concerns

● Overall people were confident that any concerns or complaints would be listened to and acted upon. One person said, "I made a complaint about a year ago and they handled it well". A relative said, "We had to make a complaint once to [registered manager] and it was dealt with appropriately. They were very good and responsive".
● There had been three complaints in 2018. These had been investigated and responded to appropriately.

End of life care and support

● Some people received end of life care in their own homes. Staff understood the importance of working with other health and social care professionals to provide this in a person-centred manner. For example, staff supporting one person had ensured that at each visit, the person had their make-up refreshed, knowing their appearance had always been important to them. A number of staff described the death of people they had cared for over a period of time as being one of the hardest parts of their job.

●To develop end of life care planning, senior staff were beginning to further explore this area of need with people in order that more person-centred plans could be developed allowing the person to share how they wanted their care to be provided in their final days.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

● People told us they consistently received a good service that met their needs. One person said, "I've had them for a few years and I wouldn't change them".
● People and relatives were positive about the leadership of the service and told us the manager was known to them and the whole office team approachable and supportive. One person said, "We've certainly never had a problem. In an emergency, they've been responsive, [registered manager] is approachable and available".
● All staff commented positively on the management team. One staff member said, "The management team are very supportive, helpful and knowledgeable" and another said, "My manager is also willing to listen to any problems or concerns I may have and I think leads the team well". A social care professional told us they felt the service was well led. They said, "They are always there to help if there is any problem".
● The registered manager and deputy manager knew people and the staff team well and this helped them to have an understanding of people's needs and of the challenges and achievements of the service provided.
● The registered manager understood and acted upon their Duty of Candour responsibility. For example, following missed visits, a letter of apology had been sent and actions taken to prevent this from happening again.

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

● There was a clear leadership and management structure in place which helped to ensure that the service was able to deliver effective care and that staff at all levels were clear about their role and responsibilities.
● The registered manager was supported by a deputy manager and a team of office staff and care co-ordinators who over saw the day to day delivery of care, staff observations, scheduling and responded to calls from people and staff. A new senior care team had been appointed in recognition of their skills and knowledge.
● We did note that team meetings were not being held on a regular basis. Team meetings promote effective communication and provide an opportunity for learning to be shared. The registered manager said it could be difficult to get the staff team together and so newsletters were sent to them intermittently updating them on changes to policies or procedures or to inform of training opportunities. However, some staff said they would value more regular team meetings. For example, one staff member said, "It would be good to have a

regular meeting to meet other carers and discuss any problems we may have". Three staff said they would value more feedback from the management team with regards to concerns they might have raised.
● Some quality assurance checks such as spot checks of the competency of care workers and audits of their record keeping were carried out on a regular basis. Monthly reviews of care plans were undertaken to ensure that these records remained up to date and relevant. Complaints. compliments and accidents and incidents were also monitored to look for any themes or trends. However, some of these checks, and their findings, were not currently clearly documented. The checks were also not yet being fully effective as they had not identified the concerns we found during this inspection such as those relating to the accurate completion of topical cream administration records and staff not always following dietary guidance. The management team had already identified that their quality assurance systems would benefit from being strengthened and more clearly documented. To address this, it had been agreed that the registered manager would take the lead on developing the quality assurance systems. A basic service improvement plan had already been developed to begin this process.

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

● The service sought feedback from people about the quality of care being provided. This included attending reviews and home visits and regular telephones to people by the office staff. In addition, plans were in place to begin sending questionnaires to all service users seeking their feedback about the service. The registered manager told us that the feedback would be analysed and a letter sent to each person telling them how their feedback was being acted upon. A similar survey for staff was being implemented in May 2019.

Continuous learning and improving care

● There was evidence that the registered manager supported the development and learning of staff, which meant people received effective support from staff. For example, lead roles were being introduced in key areas such as diabetes, medicines, the Mental Capacity Act 2005 and first aid. The leads were undertaking additional, more specialist, training so that they might act as role models or mentors to the wide staff team.
● The deputy manager was undertaking their Level 5 diploma in leadership for health and social care. The registered manager already held this qualification.
● The registered manager received support with their own continuing professional development from a training consultant.

Working in partnership with others

● Health professionals we spoke with felt there was a positive working relationship between them and the management team.
● Staff worked alongside GP's, community nurses, solicitors and other healthcare professionals such as occupational therapists to ensure that people received effective and co-ordinated support which enhanced their wellbeing and independence. For example, health care professionals had been involved in reviewing one person's need for equipment to assist with mobility and undertaking transfers. Where staff had identified that people needed additional care, the management team worked with social workers and commissioners to try and achieve this.