

JDW Consulting Limited

Prestige Nursing East Lancs

Inspection report

1 Sentinel Court
Wilkinson Way
Blackburn
Lancashire
BB1 2EH

Tel: 01254841763

Date of inspection visit:
22 August 2017
23 August 2017

Date of publication:
18 September 2017

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

We carried out this inspection on the 22 and 23 August 2017. The inspection was announced and was the first rated inspection for the service. We gave the service 24 hours' notice of our inspection to make sure someone was in the office and arrangements could be made to speak to staff members.

Prestige Nursing Agency provides trained nursing staff and health care assistants to hospitals, care homes and to individuals in their own homes. The agency provides services to children as well as adults and also nursing and personal care to people at the end of their lives. On the day of our inspection there were 68 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe when being supported by staff members at Prestige Nursing. Staff had been trained in safeguarding adults and knew their responsibilities to report any concerns. There was also a whistle-blowing policy in place to protect staff who reported poor practice.

Risk assessments such as, mobility, pressure ulcers and nutrition were in place to keep people safe whilst staff members were providing support. These were reviewed on a regular basis to ensure they remained relevant and up to date.

Most staff we spoke with felt staffing levels within the service were adequate to meet the needs of people who used the service.

Records showed that robust recruitment processes were followed by the service when employing new members of staff. We saw references and identity checks were carried out as well as Disclosure and Barring Service checks.

All staff members we spoke with told us they had received training on infection control and knew their responsibilities in relation to personal protective equipment. Infection control policies and procedures were in place for staff to follow.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package. The service had two medicine policies and procedures in place, one for care staff and one for registered nurses, both of which were accessible.

We checked if the service was working within the principles of the Mental Capacity Act (MCA) 2005 and to ensure people were not being deprived of their liberty. The registered manager had not needed to apply to

the court of protection for anyone using the service, however they understood their responsibilities to do so if they felt they were restricting anyone.

Staff received an induction when they commenced employment to become competent to work with vulnerable people. Staff were well trained and regularly supervised to feel confident within their roles.

All the people who used the service had been given a copy of the complaints policy and staff knew how to respond to any complaints they may receive. Records we looked at showed that any complaints had been managed in line with policies and procedures.

Robust quality assurance systems and processes were in place to ensure the quality of the service was regularly monitored.

We received positive feedback in relation to the approachability of the registered manager. Staff members told us they felt able to approach the registered manager with any concerns or issues they may have.

The registered manager was able to identify key achievements and challenges for the service. They were also able to demonstrate how they worked in partnership with other organisations in order to meet the needs of people who used the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager.

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.

People who used the service and their relatives told us they felt safe using the service. Staff members we spoke with understood their responsibilities in relation to safeguarding people.

Robust recruitment systems and processes were in place to ensure only people who were safe to work with vulnerable people were employed.

Risk assessments were in place to keep people safe. These were regularly reviewed to ensure they remained relevant to people's needs and to keep them safe.

Is the service effective?

Good ●

The service was effective.

The registered manager told us they were not currently placing any restrictions on people who used the service. However, they were able to inform us of the action they would take should they need to in the future.

Staff members we spoke with and records we looked at confirmed that staff undertook an induction when commencing employment with the service.

Records we looked at showed staff had supervisions and appraisals to support them in their roles.

Is the service caring?

Good ●

The service was caring.

One person who used the service told us staff members were kind and caring.

All the staff members we spoke with told us they would be happy for a family member to be supported by the service.

Care records we looked at contained detailed end of life care

plans to direct staff members on how to meet people's needs at the end of their life.

Confidential information was securely stored in the offices and only people who had the authority to do so could access it.

Is the service responsive?

Good ●

The service was responsive.

Prior to using the service a pre-admission assessment was undertaken to ensure that the service could meet the person's needs.

Care plans we looked at were person centred and contained detailed information that was easy for staff to follow to ensure people's support needs were met.

The service had a complaints policy in place. This was included in the service user guide which was given to everyone who used the service.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who was registered with the Care Quality Commission (CQC).

All the staff members gave us positive feedback about the registered manager. They told us they felt supported in their roles and were able to approach the registered manager if they had any issues or concerns.

Systems were in place to monitor the quality of the service.

Prestige Nursing East Lancs

Detailed findings

Background to this inspection

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

This was a comprehensive, announced inspection which took place on the 22 and 23 August 2017.

The inspection team consisted of one adult social care inspector.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this and used this to inform our planning of the inspection.

We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerns.

We spoke with one person who used the service by telephone. We have used the information we gained from a survey we sent out to people and their relatives within this report. We spoke with the registered manager and three care staff.

We also looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

One person who used the service told us they felt safe when staff members were in their home. They commented, "Yes I do feel safe. They are good people. When I am sad they cheer me up."

We asked staff members how they supported people to remain safe. Comments we received included, "I make sure there are no dangers in the house like carpets coming up and things like that. Just generally making sure they are alright", "By making sure the surrounding areas are safe so they are not going to fall out of bed or burn themselves. I risk assess the area to make sure there are no hazards" and "Obviously a lot of it is using common sense. We have a brief and a care plan but if I think anything is unsafe I would come back to the office and let them know."

Prior to our inspection we sent a questionnaire to people who used the service, their relatives, staff members and external professionals to ask if people who used the service were safe from abuse or harm. Our results showed that 90% of people who used the service felt they were safe [10% did not know], 100% of relatives felt their family member was safe, 100% of staff told us they knew how to respond if they suspected someone was being abused and 80% of external professionals felt people were safe using the service [20% did not know].

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. Staff members we spoke with confirmed they had received safeguarding training.

The service also provided a whistle blowing policy. Staff members we spoke with told us they felt they could whistle-blow on poor practice and would be supported. Comments we received included, "Yes I do feel I would be supported", "I can actually say that I do know that I would be supported" and "Yes I would be supported."

Risk assessments had been completed on an individual basis for people who used the service, such as epilepsy, medicines, mobility, pressure ulcers and nutrition. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do and provided staff with guidance to minimise the risks.

We asked staff if they had received training in the safe use of equipment such as hoists. Comments we received included, "Yes we have moving and handling training regularly", "I did moving and handling training when I first started and have refreshers" and "We all get moving and handling training."

We saw that equipment in the office had been tested to ensure it was safe, such as portable appliance tests (PAT's), fire extinguishers and fire alarms. Regular fire drills were also undertaken. The service had a business continuity plan in place in case of emergency, including loss of electronic rosters, loss of internet

connection, loss of telecommunications, staff shortages and loss of payroll system. Control measures were in place for staff to follow.

The registered manager told us the recruitment of suitable staff had been a key challenge for the service. They said, "We turn down far more people than we recruit. We have a very strict interview process and at the end of the day, the last question you have to ask yourself is 'Would you have them looking after your mum?' We had five interviewees in the other day, two got through and three we turned down."

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the manager on safe recruitment processes. We reviewed four staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. For registered nurses, the service ensured they were registered with the Nursing and Midwifery Council (NMC) and that pin numbers were renewed and maintained. Registered nurses were able to undertake their revalidation with the NMC through training and experience gained in other employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We asked staff members what they thought of the staffing levels in the service and if they had enough time to spend with people when supporting them. Comments we received included, "Yes there is enough staff around. There is always somebody who will pick up shifts. We do always get enough time to spend with people", "Yes there is enough staff. I do think we get enough time to spend with people but some staff would rather do other chores first rather than asking the client what they want us to do. I think it is more important to find out what the client wants us to do" and "I think it is people's availability that is sometimes a problem, especially in an evening or at weekend. We don't always have enough time to spend with people but that is because people can have good days and bad days. Every day is different."

We asked the registered manager how they determined how many staff were needed each day or night. They told us, "We have a daily meeting and go through all of the requirements for the day. We have a weekly meeting where we discuss what is coming for the week ahead. That's how we determine how many staff we require." We were shown the electronic roster system in place. This allowed staff members to add in their availability for the week, allowed the service to match staff skills to people and allocated which people staff members would be supporting. The system was flexible to meet the needs of people who used the service.

We asked the registered manager how they ensured people received their medicines as prescribed. They told us, "I have been working with Lloyds chemist and they have an electronic system which they are bringing out in September which we are going to be using. At the minute we are using a paper system. The new system will update care plans and records everything on an electronic medicine administration record (MAR). All staff members have to be trained in medicines and have refresher training yearly."

We looked at the policies and procedures for the administration of medicines. The service had two policies and procedures in place. One for registered nurses and one for care staff. The policies and procedures informed staff of all aspects of medicines administration including recording, storage, controlled drugs and disposal.

Records we looked at showed staff had been trained in the safe administration of medicines. Dependent upon the package of care commissioned staff may or may not have had to administer medicines to people.

Individual care plans showed the level of involvement staff had in the administration of people's medicines and medicines risk assessments were in place.

All the staff we spoke with told us they had received training on infection control and knew what their responsibilities were. They told us, "It is my responsibility to make sure my own personal hygiene is up to standard, make sure I wear aprons and gloves on each visit and if I am poorly to ring in the office and tell them I am sick", "It is my responsibility to make sure I wear my PPE [Personal Protective Equipment] and make sure the client is clean and safe" and "I have to make sure I have the correct PPE, to make sure my uniform is clean, my hair is tied back and my hands are always washed. I make sure I dispose of pads correctly and keep the area clean and organised."

The questionnaires we sent out to people prior to our inspection asked if staff members did all they could to prevent and control infection. The results of these showed that 80% of people who used the service thought staff did all they could [10% did not know and 10% disagreed], 100% of relatives did not know, 100% of staff members felt they did all they could and 80% of external professionals felt staff followed good practices [10% did not know and 10% disagreed]. We looked at infection control during our inspection and found staff members were knowledgeable and knew their responsibilities.

There was an infection control policy in place. The registered manager told us they were the nominated individual responsible for infection control but all staff spoken with knew they had a responsibility to ensure they adhered to the policies and procedures.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager told us they were not currently placing any restrictions on people who used the service. However, they told us if they felt it was necessary to they would "have to go through the district nurses team so we would refer that up and if it was a private client we would have to go through the Court of Protection." Records we looked at showed that MCA and DoLS training was covered as part of the induction process.

The questionnaires we sent out to people who used the service and relatives asked if they thought staff members had the skills and knowledge to provide support. The results of this showed that 80% of people who used the service thought staff did have the skills and knowledge [10% did not know and 10% disagreed] and 100% of relatives agreed staff had the right skills. We looked at staff members knowledge and skills during our inspection and found staff members were well trained, supervised and knowledgeable about their roles.

The questionnaires sent out to staff asked if they had completed an induction prior to working unsupervised. The results of this showed that 92% of staff members agreed they had completed an induction and felt fully prepared before they worked unsupervised.

We asked staff members if they had completed an induction when they commenced employment at Prestige Nursing. They told us, "Yes, I came into the classroom and did medicine training, moving and handling and safeguarding. We went through policies and procedures", "Yes the induction was very informative. We got a lot of information about the company and the policies and procedures they have in place. I did module training, moving and handling, medicines, safeguarding and end of life. I am doing the care certificate too" and "We went through all the policies and procedures. We did training as well."

All staff members without any experience of working in the care sector had to complete the care certificate when commencing employment at Prestige Nursing. The care certificate is considered best practice for staff members new to the care industry.

The results of the questionnaires sent out prior to our inspection showed that 100% of staff members who

responded felt they received the right amount of training to meet people's needs, choices and preferences. We looked at the training matrix and saw other courses available to staff members included dignity and care, food hygiene, infection control, equality and diversity, dementia, mental health, MCA and DoLS, fluid and nutrition, person centred working, learning disabilities, handling information and communication, acquired brain injury and enteral feeding. The registered manager informed us that training could be tailored or outsourced for specific packages of care if people had complex needs.

We asked the registered manager how they ensured staff members had the necessary skills and experience to meet people's needs. They told us, "We normally look for people who have a National Vocational Qualification (NVQ). We do the care certificate and we have a good relationship with Blackburn College and the job centre. We have a set of interview questions and they go through pre-screening before they come to us." We also asked how they supported staff to develop their knowledge and skills. They told us, "We do offer specialist training and for those that are interested there is a career path. Some of the bigger teams have a team leader. We get a lot of trainee nurses because they want to work in the community and they get to know the district nurse teams."

We asked staff members if they received supervisions and appraisals. Comments we received included, "I had a supervision and an appraisal not long ago", "I have had one supervision and I know there is more coming up" and "Yes we have regular supervisions and appraisals." The results of the questionnaire sent out prior to our inspection showed that 83% of staff members felt they received regular supervisions and appraisals, 17% disagreed. Records we looked at confirmed supervisions were held regularly. We saw topics for discussion or observation in supervisions included privacy and dignity, nutrition, health and safety, fluids, communication, autonomy and independence and confidentiality. Staff members were also given the opportunity to comment on their performance or make requests for further training.

Is the service caring?

Our findings

One person we spoke with told us, "My workers are fantastic. I like going places and they just take me wherever I want to go."

The results of a questionnaire sent out prior to our inspection showed that 100% of people who used the service, 100% of relatives and 100% of external professionals felt the staff members were kind and caring.

We spoke to staff members to ask them how well they knew the people they were supporting. They told us, "I know them very well and I have a good rapport with them. I like listening to their stories. I can tell when something is not right as I have got to know them and their family members too", "Quite well I think" and "Obviously some we have been going to for years; you build up a relationship and a rapport when you have been going a while."

Whilst we did not have the opportunity to observe interactions between people who used the service and staff members, those staff members we spoke with talked about people in a sensitive, empathetic and caring manner. All of them expressed a passion for their role and the people they were supporting.

We asked staff members if they would be happy for one of their family members to be supported by the service. Comments we received included, "Yes and that is a big yes. I have worked for other agencies and this one has been the best one I have worked for", "Yes I would" and "Yes, I tell all my family they should be cared for at home because they get better care."

The results of a questionnaire sent out prior to our inspection showed that 100% of people who used the service and 100% of relatives felt that staff members treated them with dignity and respect. 80% of external professionals agreed staff showed dignity and respect for people [20% did not know]. Staff members we spoke with during the inspection knew their responsibilities to ensure people's right to privacy and dignity at all times.

The service had a confidentiality policy in place which was accessible to staff members. We observed that all personal and confidential information was appropriately stored in the offices and only those people who were permitted to access it could.

The results of the survey sent out prior to our inspection showed that 100% of people who used the service felt that the care and support they received supported them to be as independent as possible.

We asked staff members how they supported people to be as independent as possible. They told us, "By allowing them to choose their own clothes, leaving them to dress themselves and only helping them when they ask me to. Some people like to wash themselves and then ask me to do their back where they cannot reach", "It is giving them their own choices, what they want to do on a daily basis" and "I was working with a lady who found it hard to make her own decisions, I would be there to guide her and then she could independently do what needed to be done. She would then feel a sense of achievement." Whilst we did not

observe staff members in practice, they were very clear on their responsibilities to support people to remain independent.

All the staff we spoke with told us and records we looked at confirmed staff had received training in end of life care. We asked staff how they ensured they met the needs of people who were at the end of their life. Comments we received included, "It depends on the stage they are at. You just have to make sure their needs are met at all times" and "Obviously when you go to support someone you make sure they are comfortable and clean. It would all be in their care plans of what their needs are and how to meet them." We also asked the registered manager how they ensured people's needs were met at the end of their life. They told us, Everything goes in the care plan, and we even ask them how they want to be dressed. The care plan is their wishes and what they want."

We looked at a number of care records which contained end of life care plans. We found these were in-depth and looked at present illnesses, physical condition, the person's appetite, condition of their skin, bowel care, if continence aids were required, pain and discomfort, cultural/spiritual needs and any psychological support the person may require. The level of information included in these care plans should ensure that people's needs were met at the end of their life.

Is the service responsive?

Our findings

The registered manager told us prior to each person using the service an assessment of their needs was undertaken by the service. The information collated from this and information from social services or district nurses was then used to determine if the service could meet the individual's needs. The information collated in the assessment was then used to develop care plans.

Results of a questionnaire sent to people who used the service prior to our inspection showed that 80% of people felt they had been involved in the decision making process about the care and support they received [20% did not know].

We asked the registered manager how they involved people in reviewing the care and support they needed and wanted. They told us, "All the care plans are discussed with all the people that are going to be involved in the care package. Care plans are reviewed every six months. If there are any changes before the six month review then care plans are changed accordingly. For people with complex needs we discuss and go through everything."

We looked at the care records for four people who used the service. The care records contained a 'personal profile'. This gave detailed information about the person including their health, historical medical information, dietary needs, complex needs, risks, communication needs and social relationships. Care plans in place gave detailed information to guide staff on the care and support to be provided. For example one person had epilepsy; a detailed care plan was in place to guide and direct staff on the action to take should the person experience a seizure whilst staff were providing care and support.

Each person also had a medicines care plan in place to show the level of support required to take their medicines safely. We saw people had signed their care plans to consent to the level of support being given. Care plans were reviewed on a regular basis to ensure they continued to meet the needs of people.

We asked staff members how they were kept informed of any changes in a person's needs. They told us, "The office would text me. One of my clients has gone into hospital and I got a text message. There is also a daily report sheet and we fill that in on every visit", "We get briefs from the office via email and they usually text you to say there is a new brief about someone" and "I read the notes in their homes. Sometimes we will get texts or emails from the office. I just make sure I read the notes."

We looked at how the service managed complaints. Results of our questionnaire sent out prior to the inspection showed that 70% of people who used the service knew how to make a complaint [20% did not know], 100% of relatives felt the service responded well to any complaints and 80% of external professionals felt the service dealt effectively with complaints.

We spoke with staff members to ask them how they would respond if a person who used the service or their relative wanted to make a complaint. They told us, "First of all I would ask them what it was about. I would suggest they phone the office and talk to the manager", "I would try and see what the issue was and see if I

could resolve it. If I was unable to resolve the issue I would provide them with the contact number for the office" and "In people's files there is a phone number so they can phone the office. If it needed to go further I would take it further."

We also asked the registered manager how they dealt with complaints that people made. They told us, "I usually ring them up and find out what the complaint is and how serious it is. We do not get serious complaints. It will come to me and I will speak to the client or their carer and ask what happened. I will take detailed notes and then write to them in 48 hours and enter the information on the electronic complaints record. We get complaints in terms of times of visits and things like that. For serious things it is a referral, I will raise the paperwork for safeguarding and us."

The service had a complaints policy in place. This was included in the service user guide which was given to everyone who used the service. This should ensure that everyone who uses the service and their relatives knew how to make a complaint. We looked at complaints that the service had received and found these had been dealt with in line with their policies and procedures and showed a clear process that had been followed.

Is the service well-led?

Our findings

One person we spoke with told us, "I know who the manager is, he is really nice, I like him. There are other managers as well, they are all really nice."

The service had a registered manager in place as required by their registration with the Care Quality Commission (CQC).

The results of a survey sent out to people who used the service prior to our inspection showed that 90% of respondents knew who to contact in the service if they needed to. 100% of relatives who responded knew who to contact if they needed to.

We spoke with staff members to ask them if the registered manager was approachable and fair. Comments we received included, "Honestly they are a good bunch. They are really good and have been supportive with me", "I get on with everyone. If you give them, they will give you. Their door is always open" and "Yes I think they are approachable." During our inspection we found the registered manager was transparent and approachable.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We asked the registered manager what they felt the key achievements of the service were. They told us, "I believe we meet all of the requirements of CQC, safe, effective, caring, responsive and well led. We tie CQC outcomes to our service and if you do that you just can't go wrong."

The registered manager told us and records showed how the quality of the service was monitored. We saw regular spot checks and competency checks were undertaken to ensure the competency of staff members. Records also showed care plans were audited to ensure they continued to meet the needs of people who used the service. The service also undertook telephone monitoring calls to give people the option of giving feedback over the telephone. The head office of the organisation also undertook internal audits; we saw the most recent one was from July 2017 when the service achieved 87.5% compliance. An action plan was developed and the service had to complete all actions before the audit was signed off; we saw this had been completed on the day of our inspection.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, complaints and end of life. These were accessible for staff and provided them with guidance to undertake their role and duties.

The service had received a number of thank you cards from people who had used the service or their relatives. Some of the comments we saw included, "I would like to offer my sincere thanks to your nursing

staff for the excellent care that was shown to me from January to March. Your staff showed me compassion on every visit. They were punctual, caring and most efficient. I have nothing but praise for them all", "Thank you very much all who helped care for our mum. I should like to thank all the staff who have been involved with her care and could not have asked for anything better. The company is the most reliable and professional one I have had dealings with and would not hesitate to recommend you to anyone looking for care", "I would like to thank all of you for all you did for [name of person using the service] and the support you gave me through the most difficult time of my life. Keep up the good work" and "Your calm professionalism was great and we really appreciate all the help and support which you gave to us in our time of need."

The service had a service user guide in place which was given to people as soon as they commenced using the service. This gave people an overview of the service, the complaints procedure, out of hour's contacts, referral process and people's rights.

Staff members we spoke with told us they did not have staff meetings. However, the service had in place a weekly bulletin which was sent to all staff members. This gave them information on topics such as staff changes, payroll, which staff member was on-call over for the weekend, complex care packages and training. All the staff we spoke with felt supported in their roles.

We asked the registered manager how they worked in partnership with other organisations. They told us, "We obviously work closely with the NHS, schools, nursing homes and care homes. We work quite closely with the local authority, especially when the care is complex. We also work very closely with district nurses and GP's. Records we looked at confirmed what the registered manager had told us and showed a multi-disciplinary way of supporting people who used the service.