

Sanctuary Care Property (1) Limited

Brambles Residential Care 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:

Brambles Residential Care Home is a residential care home providing personal care and accommodation for up to 64 people, some of whom have dementia. There were 60 people living at the service at the time of our inspection.

People's experience of using this service:

People who lived at the home and their relatives were happy with the standard of care they received. They felt the needs of people were met and supported by staff who had positive attitudes towards their caring roles and provided compassionate care.

There were enough staff to support people's care and safety needs. Risks to people had been identified and care was planned to keep people safe. Staff supported people so risks around eating safely and maintaining a healthy weight were identified and, where necessary people were referred to healthcare professionals for advice.

People's medicines were safely managed. Staff had received training in infection control and knew how to work to minimise the risk of infection and the home environment was well maintained to meet the needs of people living there.

The provider's recruitment and induction arrangements helped ensure new staff were able to support people. There was a good team spirit amongst the staff team who cared about each other and what mattered to people who lived at the home. Staff had varied opportunities to develop their knowledge and skills to enable them to provide effective care.

People were supported in different ways by staff, so their consent was gained before any care was provided daily. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had been involved in planning their care and were confident to raise any issues they had with the registered manager. Electronic care planning was continually being developed and personalised to provide staff with guidance about people's likes and dislikes.

People were supported emotionally and physically with a range of things to do for fun and interest which included singing and trips to places of interest. People were supported to be comfortable and pain free at the end of their lives.

The registered manager took corrective action to resolve any concerns identified. Incidents and complaints were analysed, and learning was shared with staff. People who lived at the home and their relatives were encouraged to raise issues around quality and safety at regular meetings.

The registered manager was supported by their staff team and the provider. There were ongoing quality checking arrangements in place where action plans were developed to support the continuation of improvements where required.

The registered manager had a vision which included plans to drive through their passion in supporting and promoting people's quality of life.

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

Rating at last inspection:

At the last inspection, on 29 April and 10 May 2016, the service was rated Good (report published 24 June 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

Brambles Residential Care 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. 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:

On 16 May 2019 this inspection was carried out by one inspector, one specialist professional (nurse) advisor (SPA) 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:

Brambles Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did when preparing for and carrying out this inspection:

Before this inspection visit we looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority who work with the service. We also requested feedback from

Healthwatch to obtain their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

Since our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

During this inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with 15 people who lived at the home and seven relatives. We also looked at 4 people's care records and medicine records.

We talked with the management team which included registered manager, deputy manager and regional area manager. In addition, we spoke with a range of staff which included, two care staff, four senior care staff, two volunteers, one activity coordinator and assistant activity coordinator. We talked with a pharmacist who was visiting at the time of this inspection.

We also looked at records relating to the management of the home. These included systems for managing incidents, complaints and the checks undertaken by the registered manager and the provider's senior management team on the quality of care provided.

Following this inspection, the registered manager sent us compliments they had received from two relatives, nail care documentation for some people who lived at the home and their vision and future development plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- People told us they felt the home was a safe environment. One person told us, "They [staff] are so helpful and do everything they can to help me feel safe. There is always someone [staff] about." A relative said they felt their family member was safe as, "[Family member] is at risk of falling if [they] get up on [their] own, but there is always someone [staff] in the lounge they see [family member] get up and walk with [them]."
- Risks to people had been identified and care was planned to keep people safe. Where needed equipment such as pressure relieving mattresses and wheelchairs were available to support people's needs.
- People's individual risks were identified. For example, a person living at the home had a pacemaker fitted and the registered manager had made sure staff were provided with information about the potential risks associated with pacemakers.
- Staff had received training in health and safety issues and how to respond, for example, if there was a fire at the home. There were personal evacuation plans in place detailing how each person would need to be supported in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse:

- Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to.
- The registered manager understood their responsibility to report allegations of abuse to the local authority and to the Care Quality Commission.

Staffing and recruitment:

- People confirmed, and we saw there were enough staff available to meet people's individual needs. One person told us, "I feel very safe here, so I sleep better than I did at home. I only have to pull that string in the night if I am afraid and they will come. The biggest thing here is I feel safe." Another person told us, "It's very safe here there is always someone [staff] about and we have our pendants even at night too, the carers [staff] are here."
- Staff also told us people's needs were met safely and without unreasonable delays. We also saw examples whereby staff responded to and met people's requests in an unhurried way.
- The registered manager told us how the provider had a staffing tool in place. This supported them to increase the staffing levels and the deployment of staff when people's needs changed.
- The registered manager and deputy manager had worked hard to provide a supportive environment for staff. In return they found they had been able to retain staff. From what we saw and discussions with staff

the stability of the staff team benefitted people as staff knew people well and understood their needs. This is important for people living with dementia.

- There were systems in place to check that staff employed at the home were safe to work with the people living there.

Using medicines safely:

- People who lived at the home confirmed they were supported to take their medicines at regular times and with patience. One person told us, "I don't know what they are or what they are for but they (staff) deal with all that for me." A relative told us "The carers are well clued up about the tablets [family member] takes, there are no worries in this regard."
- The provider had systems and procedures in place designed to ensure medicines were stored, administered, ordered and disposed of correctly.
- Staff completed medicines administration records (MARs) when they had given people their medicines to indicate people had received their medicines as prescribed.
- We saw staff followed good practice guidelines when administering medicine. They told the person what they were taking and made sure the person had swallowed the medicine safely before leaving them.
- There were systems in place to support staff to administer 'as required' medicines in a safe consistent manner. For example, personalised information provided staff with guidance including, what the particular medicine was for.
- The registered manager made sure staff who administered medicines had been provided with the relevant training do so safely and their competencies were regularly checked.
- During our inspection a pharmacist who supplies people's medicines was undertaking their medicine checks. They told us they were happy with the medicine audit they had completed and found no issues.

Preventing and controlling infection:

- The home environment was clean, tidy and odour free in all areas. We consistently heard from people who lived at the home and relatives how they valued the work staff did to keep the home environment clean and smelling fresh. On this subject one person told us the home environment, "Never smells, I don't know how they [cleaning staff] keep it so clean as there is a lot of people here, I congratulate them [staff] all." A relative said, "It is very clean and does not smell. [The cleaning staff] are so good in how clean they keep it."
- Staff followed infection prevention and control procedures to protect people from cross infections. We saw gloves and aprons were available and used appropriately by staff.

Learning lessons when things go wrong:

- Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident happening again. For example, where a person had experienced a fall action was taken to review their care needs to make sure they had all the equipment and support required.
- Learning from incidents was reviewed with staff team meetings and daily meetings between shifts.

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

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's needs were assessed prior to moving into the home and as their needs changed. This helped to ensure an effective plan of support was developed with people. For some people this had included the use of assistive technology and equipment such as walking aids or pressure relieving mattresses to ensure people were not discriminated against and they were effectively supported.
- People's needs were kept under regular review, using recognised assessment tools, including The Waterlow Pressure Sore Risk Assessment Tool.
- Management and staff had access to the provider's internal communications network to help keep themselves up to date with any changes in the law or best practice guidelines.

Staff support: induction, training, skills and experience:

- People were confident staff had the skills to meet their needs. One person told us, "The carers [staff] help me in the right way so I can only assume they must be trained, they have skills I certainly know this by the way they help me." Another person said, "They [staff] are very good if you have a problem they are very helpful or if you need advice."
- Staff new to the home received an induction to ensure that they had the skills required to care for people safely. This included time spent shadowing a more experienced staff member to provide both support and build confidence to provide care in an effective way.
- Staff told us that they had felt supported during their induction and it helped them to adjust to their new job roles and in getting to know people.
- Staff members described how the training they received was based on the individual needs of people they cared for. For example, staff were knowledgeable about how to ensure a person who had a catheter fitted had the right care to assist them. Staff were able to provide examples to show they knew the difficulties which could arise from the person's catheter and what they would do so the person's health did not deteriorate.
- Staff also attended regular one-to-one meetings with the management team and senior staff to receive feedback on their work and identify any additional support they may need. One staff member told us, "They [registered manager and deputy manager] are great, they really do support us."

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

- People told us they enjoyed their meals. One person told us, "I like the food here". Relatives also described the meals as good and well presented.

- We were present at lunchtime and we noted meal times were a relaxed and pleasant occasion. People dined in a leisurely way and when necessary they received individual assistance from staff.
- The management, chef and care staff worked together to assess, record and review people's nutritional needs, and any associated risks, with appropriate specialist nutritional advice.
- Staff monitored the amount people drank to be sure they were drinking enough to stay healthy. It was reviewed daily and records showed that when the amount a person drank fell below acceptable levels staff were informed to monitor and encourage the person to drink more.

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

- People told us staff supported them to attend routine health appointments as well as, opticians and dental appointments, so they would remain well. One person told us, "If I ever feel unwell I know they will make sure I see a doctor, they are all here for us at times like these when you just need to feel better." Another person confirmed, "Carers [staff] are quick to call a doctor if one is needed." A relative said, "[Family member] had a painful toe they [staff] got the chiropodist to come."
- People's individual physical and mental healthcare needs were documented within the care planning process. This helped staff to recognise any signs of deteriorating health. Records showed people had access to health professionals when required. A local GP also visited the people on a regular basis to discuss and treat any healthcare conditions.
- Staff helped people to access social workers when people's needs both emotionally and physically required reviewing or, where appropriate, emergency medical services in the event they became unwell.

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

- The home environment was well maintained and had a homely atmosphere. People told us they agreed with this view of the home. One person told us, "I think its smashing how they [staff] keep it decorated, it is bright, has a homely sort of feeling. I like to sit in the garden." A relative said, "It is very homely, and it's been redecorated."
- The provider had undertaken a programme of redecoration which people and relatives told us through their comments they valued. The home environment was well furnished with indoor and outdoor communal areas including a poly tunnel in the garden for vegetable growing. We saw some people sat in the garden area enjoying a chat and a drink.
- People told us their personal rooms were well maintained. Where people invited us into their rooms we saw they were homely and contained personalised items such as pictures, photographs and soft furnishings.
- Bathrooms and other doors were clearly labelled which was beneficial to help people living with dementia find their way around.
- The registered manager was keen to continue to develop the home environment linking this to meeting people's enjoyment. For example, in part of one lounge area there was a television monitor with a camera webcam showing fledglings being fed by the parent bird.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure it was lawful.
- Capacity assessments and best interest decisions were documented. The provider's training records showed staff had completed Mental Capacity Act training.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff told us they offered people choice. A staff member said, "I give people choice of what they would like to wear, eat or drink." One person who lived at the home said, "I can please myself, if I want to stay in bed I can and they [staff] bring me a drink and whatever I want. I go to bed when I want to, the carers [staff] have never told me I can't do what I want to." Two relatives we spoke with understood staff were unable to force people against their will and they had never witnessed this happening as staff respected people's wishes.

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

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

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

- People were comfortable and relaxed with the staff and we saw staff spoke with them kindly, held their hands, and gave them hugs. People said staff were caring. One person said, "They bring me whatever I want. One of the carers [staff] bought me a bird [object] from the market [they] thought I would like it." Another person told us, "They [staff] are marvellous this is my home nice people very friendly. They are nice chatty look after us they are quite good to me a nice lot of girls. It couldn't be any nicer." A relative said, "It's very good they [staff] are very caring."
- Staff enjoyed spending time with people they were supporting, visitors and each other. A staff member commented, "A nice place to come to. Always happy to come to work. A home not a care home, somewhere you can come and live life to the full. Good reputation. It is their [people's] home we [staff] just happen to be here to help out."
- We saw examples of staff showing the comfort of people who lived at the home mattered. For instance, a person did not like the flavour of their ice cream, so a staff member ensured the person had another flavour.
- We noted staff understood the importance of promoting equality and diversity. This included arrangements for people to attend religious services. On the day of our inspection people attended a religious service and staff ensured they went about their roles in quiet and respectful way, so people had this time for reflection.
- The registered manager showed they led by example and made people feel valued by developing positive relationships with them and paying attention to details that mattered. For example, we saw the registered manager greeted people and enquired how they were feeling. We noted they knew everyone's name and people knew theirs and responded with smiles and conversation.

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

- People were able to make decisions about where they spent their time, either in their personal rooms, in the lounge or in dining rooms. One person told us, "They [staff] always ask me where I would like to sit, and I make my choices depending on what I fancy doing. It's like a well-run hotel"
- Staff understood where people may need additional time to express their views and be involved in their care. We heard examples of how staff understood people well, so they could offer support. On this subject a relative told us, "You can tell they [staff] care about each individual for some reason the menus really freaked [family member] out so they just took them all away [with consultation with people]. They put classic FM on for [family member] because they know [they] like it. It's the way they interact they get the best from people each one is an individual the staff know that. I would be upset if we had to put [family member] anywhere else."

- When staff supported people with their meals, they talked to the person offering choice of whether they would like assistance to cut up their food. Staff checked with people to make sure they were happy with their meals. When people had finished their main course, they were asked if they wanted any more or if they wanted their dessert.

Respecting and promoting people's privacy, dignity and independence:

- Staff understood that people had boundaries and respected their right to privacy. For example, staff knocked on people's doors even when these were not closed too and knew whether a person preferred to spend time in their room.
- Staff had received training in how to maintain people's privacy and dignity while providing care. They told us how they ensured doors and curtains were closed and how they would encourage people to do as much as possible for themselves.
- We saw staff ensured confidentiality; discussions about people's care were held in private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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:

- People who lived at the home and their relatives were confident staff knew people's individual needs well and felt involved in their care. On this subject a relative told us, "Yes we have care reviews we go through a sheet there is information on the notice boards and they have meetings too."
- The electronic care plans held information which was personal to each person and the registered manager was keen to continue to develop the provider's electronic records system.
- We found people's communication needs had been considered as part of the assessment and care planning processes. For example, people who required aids to meet their sensory needs were supported to wear these. On this subject one person told us, "They [staff] are very good with my hearing aid because I can't turn it on myself."
- Staff we spoke with knew people's needs and were able to tell us about the care people needed this matched the information recorded in the care plans.
- Staff handover meetings between shifts were undertaken daily and we saw information about people's needs and the changes in these were shared. In addition, there were daily meetings with the head of each department. At these meetings information was shared as another way to improve communication to support people in having their needs met in a consistent manner.
- The registered manager identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- People who lived at the home and relatives told us how they appreciated the activities coordinator and activities assistant as they embraced their roles in supporting people who lived at the home to do things for fun and interest.
- During our inspection we saw and heard how people had opportunities to listen to music, join in with singing, experience pet therapy and undertake gentle exercise's. The activity coordinator had a book where they had placed in photographs and information about how people were supported to follow different interests.
- People told us, and we saw they were also supported with individual things they enjoyed doing. For example, a volunteer supported a person who liked to do jigsaws and we noticed the person's sense of wellbeing was enhanced by their drive to fit all the pieces together. Another person commented on what they enjoyed doing, "I enjoy puzzles and knitting [staff] brings them for me [they] bring me wool from the market."
- Furthermore, the activities coordinator showed they were passionate about supporting people with dementia together with educating people about dementia. Amongst other things they talked about developing a choir as they felt music and singing had therapeutic benefits for people.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure which was available to anyone who wished to make a complaint. Relatives told us they knew how to complain and would feel comfortable approaching the registered manager and/or the staff team if ever they needed to.
- We saw any complaints received were recorded and responded to in line with the provider's complaint policy.

End of life care and support:

- Staff worked with other health and social care professionals to ensure people had a dignified death. Anticipatory medicines were arranged to keep people pain-free at the end of their lives.
- People's wishes for the end of their life was recorded. For example, if they wanted to avoid going to hospital or if they wished for religious or spiritual guidance.
- Relatives were supported to spend as much time as they wanted with their family member at the end of their lives.
- The registered manager was passionate about how their staff team supported people at the end of their lives. They told us they had received compliments from people and external professionals about the care provided at this important time in people's lives. The registered manager had plans to work towards accreditation of the Gold Framework for end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 the registered manager and deputy manager were visible in the home and provided support to people and their relatives when needed. On this subject one person told us, "We have a male manager here now it is a proper efficient organisation properly run." Another person said, "We have [registered manager] now he is in charge you can ask to speak to him I think he would be very approachable." A relative's comments read, '[Family member] has been at the Brambles for five years in that time she has become healthy interested in life again and the light and laughter is back in her eyes without your dedicated staff that would not have happened.'
- There was a culture of a management and staff team who had positive attitudes about their work and put people who lived at the home at the heart of all decisions.
- All staff were positive about how they worked as a team to meet people's needs. This was evident throughout the inspection together with the kindness staff showed towards each other at times of difficulties in their lives which resulted in a good team spirit.
- The registered manager had a vision which was shared by their staff team. Part of this vision was to ensure people received care which was '... person centred to meet their needs, the chance to grow and develop a new chapter in their lives, to enhance and enrich a fulfilled life style while living at Brambles and for them to feel they are part of a social group.'
- The registered manager understood their duty of candour responsibilities and involved relevant people in investigations and ensured outcomes were communicated following any incidents.

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

- There were effective systems in place to identify concerns with the quality and safety of care and the home environment. The registered manager ensured when any concerns were found action was taken to make improvements.
- The provider was able to maintain oversight of the home as amongst other things they had managers in senior positions such as regional managers who undertook quality checks and supported the registered manager. This approach ensured the provider had information about safety and quality in the home.
- The registered manager was supported by a skilled deputy manager alongside their staff team. We saw the delegation of certain roles and responsibilities supported the smooth running of the home.
- The provider and registered manager had acted to comply with the regulatory requirements. They had

ensured that their rating was displayed in the home environment and had notified the Care Quality Commission [CQC] about events which happened in the home as required to do so by law.

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

- The views of people living at the home had been gathered through 'residents' meetings' and surveys. On this subject one person told us, "They [staff] just ask how things are I told them about my shower, [registered manager told us all showers have now been checked to ensure they are all in good working order]. They ask us what trips we want to go on, we are going to the safari park and on the train in June."
- Staff were also able to raise concerns and suggestions for the home. They had regular one to one meetings and staff meetings. All the staff we spoke with had confidence the registered manager would act on any issues raised.

Continuous learning and improving care:

- Staff consistently told us they felt supported in their roles and wanted to continue to share their learning as a group of staff to benefit people who lived at the home.
- Staff were valued for their contribution and their ideas listened to and respected. Staff told us about an idea of a bus stop being constructed for people as this would be a familiar sight.
- The registered manager and deputy manager provided encouragement to staff who wished to progress in their career and to support their personal growth with appropriate courses and opportunities. There were also staff awards to celebrate the different areas of their practice.
- The registered manager told us they felt able to raise issues with their line manager if they had any issues and or ideas to promote organisational change to follow best practice when needed.
- Following our inspection, the registered manager sent us their vision and development plans. Amongst other things these plans showed how the registered manager was going to develop the service to continually improve people's quality of life. For example, arrangements had been made for an art therapist to provide another beneficial way of supporting people to express themselves.

Working in partnership with others:

- The registered manager explained how they liked to network with managers at other homes, so ideas and best practices could be shared. They provided an example whereby they had provided some guidance to a home manager on best medicine practices. On this subject the registered manager told us, "I like to network with other homes as we are all working to the same aims."
- Staff worked with a range of external professionals and agencies to best meet people's needs.