

The ExtraCare Charitable Trust

# ExtraCare Charitable Trust Reeve Court Village

## Inspection report

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Date of publication:  
29 December 2020

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

### About the service

People using the service lived in extra care housing in Reeve Court Village, St. Helens. People lived in their own properties; either in apartments or in bungalows on the site. The Reeve Court Village also had some shared facilities such as a gym and a bistro.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. There were 43 people in receipt of care when we started this inspection. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People's well being and lives were greatly enhanced by the innovative and dynamic approaches of the service. The registered manager and the team had introduced innovative practices to enhance people's lives. The service was managed by a senior team who utilised the provider's quality monitoring systems and who also developed their own systems to ensure people had excellent care delivery.

The provider had implemented a new system of discreetly monitoring people who were living with dementia. This alerted staff to movement in properties indicating a person was, for example, not sleeping, not moving around as before, not using their heating or not preparing food or drinks for themselves.

People told us they felt safe and well cared for, especially during the Covid-19 pandemic. Good arrangements were in place to ensure people stayed safe and good infection controls were in place when staff delivered care and support.

Staff had been suitably trained in how to safeguard people from harm and abuse. Potential or actual harm was monitored and management of risks allowed for good outcomes for people. People with protected characteristics were extremely well supported by the open culture in the service.

The service had enough suitably recruited, inducted and trained staff to deliver care and give people support in all aspects of their lives. Staff were knowledgeable, highly motivated and extremely caring. Staffing levels were extremely responsive to people's changing needs as the service was trusted to make urgent care decisions by commissioners. The employment of two well-being advisors, as well as the team delivering direct care, helped people to stay as well as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We were assured this service worked within the principles of the MCA. Care and support was delivered only with the consent of the person.

People told us the staff team were kind, caring, respectful and polite. People were consulted through regular surveys, meetings and by staff who delivered care. People told us their views were respected and any issues responded to swiftly.

People had appropriate levels of care delivered because a good system of care planning and delivery was in place. The nurse employed on site assessed and monitored people's health needs and helped them to access excellent levels of health care support. The provider also had a dementia and mental health well-being advisor who was trained in caring for people living with dementia and other mental health needs. This meant staff had ready access to specialist knowledge and practical support to allow people to stay as independent as possible.

Access to health care had continued at a high level during lockdown because these two members of staff had monitored any changes in vulnerable people and had helped them use virtual platforms to access health care support. Medicines administration and disposal were kept under careful monitoring during the pandemic.

The provider had continued to provide Covid-19 safe activities and entertainments during the pandemic to support people's well-being and the staff team were very aware of the need to maintain a positive culture in the service. People told us, and thank you cards and surveys showed us, the continuing high levels of engagement had helped to maintain and enhance both mental and physical well-being.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding [published 08/06/2019]

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Extra Care Charitable Trust Reeve Court Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

**Outstanding** 

### Is the service effective?

At our last inspection we rated this key question as outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

**Inspected but not rated**

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

**Inspected but not rated**

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

**Inspected but not rated**

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

**Outstanding** 

# ExtraCare Charitable Trust Reeve Court Village

## **Detailed findings**

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider between 5th and 15th October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection was carried out by two inspectors, one of whom being a pharmacy inspector. The team also included 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means 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. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 October 2020 and ended on 15 October 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the head of care, the wellbeing advisors, administrators, team leaders and care workers.

We reviewed a range of records. These were sent to us as this was a virtual inspection. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- The provider had comprehensive policies and procedures to safeguarded people from harm or abuse.
- People, or their relatives, told us, "I feel safe and comfortable here" and "I feel my mum is safe and they are very professional." People told us they were encouraged to report any abuse and to speak up if they were concerned. People had spoken out about potential breaches of Covid-19 rules putting the entire village at risk of harm. These issues were dealt with swiftly to keep people safe. One person said, "The registered manager got to grips with this to make sure everyone was safe. He was measured, kind but firm."
- Staff understood their responsibilities and confirmed they were suitably trained and felt able to report anything untoward to the registered manager, the provider or external agencies. The provider had ensured swift action was taken to prevent possible financial abuse.
- Positive risk taking allowed people to maintain their chosen lifestyles. The cultural norms in the service had prevented any potential discriminatory abuse because the staff team accepted and supported equality and diversity. This meant that people could live out their chosen lifestyle without fear or discrimination because they had received support from the whole team. The team sought specialist advice to ensure they supported people's diversity. They had ensured that people in the village had understood individual rights. Staff said people were, "Remarkably relaxed" about matters of choice, equality and diversity .

Assessing risk, safety monitoring and management

- People's lives and well-being were greatly enhanced by the proactive risk assessment and management the service had developed.
- The provider was proactive in supporting people to stay well and access healthcare because they employed two well-being advisors. One was a trained nurse and the other was trained in supporting people living with dementia. The nurse worked directly with people to assess clinical risk. She monitored people's health and liaised with G.Ps, community and specialist nurses and other health professionals.
- The dementia and well-being advisor worked directly with people living with dementia. They supported staff in up to date best practice in dementia care. They were trained in understanding mental health needs, bereavement counselling, assessment techniques like dementia care mapping and therapeutic approaches to dementia care. They also liaised with mental health care practitioners. Their work supporting people and the staff teams had allowed individuals to remain in their own homes in a safe way to enhanced people's well-being.
- Where risks had been identified for people living with dementia or other cognitive impairments the provider had implemented a virtual risk monitoring system, with consent or in a person's best interest. This

provided discreet insight into people's wellbeing, routine and the environment. The system allowed staff to monitor any changes to behaviour, routines and to more practical things like loss of heating. This reduced the risk of malnourishment, falls, hypothermia and disorientation. The team were monitoring one person's night time needs and giving support and advice to reduce anxiety and enhance sleep pattern.

#### Staffing and recruitment

- The service recruited staff appropriately and the service had sufficient staff in place. The service had a low turnover of staff.
- We saw rosters for care delivery, and these met the hours people needed to keep them safe and well. The registered manager and senior staff would deliver care if necessary. The provider and this location had a robust contingency plan in the event of the team being depleted during the pandemic. Staff confirmed these arrangements and said the staff team could continue to meet needs.
- Suitable recruitment documents were checked and found to be appropriate, with all checks completed prior to new staff working with vulnerable adults.

#### Using medicines safely

- The provider's medicine policy covered all aspects of medicines management and followed national guidance.
- Medicine records showed people received their medicines at the right times and as per the prescribed dosage.
- The service had made arrangements for the safe disposal of unwanted medicines. This had been particularly important during the pandemic where initially the government had asked that unused medicines were returned to the pharmacy as swiftly as possible in case of shortages. Good systems were in place to ensure unused medicines were returned safely and not allowed to build up in people's homes.
- Monthly medicine audits were detailed and effective in ensuring medicines were handled safely. The well-being advisors ensured medicines were appropriately managed. Their specialist knowledge supported good monitoring of the efficacy of medicine regimes where people needed drugs to manage high blood pressure, heart disease, diabetes and the symptoms of disorientation. Their liaison with consultants and other specialists meant that people received appropriate medicines.
- Staff who managed and administered medicines were appropriately trained and their competence in all systems of administration checked on by the senior team.

#### Preventing and controlling infection

- Robust systems were in place to ensure extremely good prevention and control of infection.
- Staff confirmed they had training in infection control. They had received up to date training on the use of personal protective equipment (PPE). The well-being advisor, who was a trained nurse, had given staff extra guidance on the use of PPE in particular circumstances. Staff confirmed they understood how to care for a person who tested positive with Covid-19.
- People confirmed staff were knowledgeable about infection control, wearing personal protective equipment and following all the guidance on keeping people safe and free from infection. One person told us, "Management have been remarkable during Covid – handled things in a measured and effective way." Regular updates had been given to staff and service users during the pandemic. Two people returning from hospital had been protected and cared for by staff who followed all the relevant guidelines. One person told us, "We were given both practical and psychological support when we had to shield. This included shopping, moral support, advice and access to PPE."
- People living with dementia were given good levels of support to ensure they understood the reason to use masks.

### Learning lessons when things go wrong

- The provider had systems in place to look at any matters where things went wrong.
- Staff said the registered manager was aware of any areas where things could go wrong, listened to their views and made appropriate changes. People told us any problems were dealt with quickly, taking into account the views people highlighted in surveys and in the residents' committee meetings.
- A new system had been introduced by the registered manager to help staff access a time-line for people with complex needs so they could quickly update other professionals with times and changes. This change had impacted positively for staff so they no longer spent long periods of time looking through daily records.
- Data from the system for virtual monitoring was being carefully analysed to ensure it continued to be used to protect people and any problems were dealt with .
- The registered manager had identified issues with the I.T systems and had been successful in receiving extra funding to improve the electronic communication systems. This would allow even more efficient ways of communicating with professional and community networks.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We were assured this service worked within the principles of the MCA.

- Consent to care and treatment was always sought to ensure people maintained their rights under the law.
- We saw care plans and contracts had been signed by people in receipt of care and services. The use of virtual monitoring of people's movement in their own homes was only undertaken with consent by the person or by their representative who had lasting power of attorney. The registered manager had considered individual rights prior to using this system.
- People told us the staff respected their homes, lifestyles and choices, asked for consent and treated them appropriately. One person said, "They are flexible on times with me [due to my health needs]. They have discussed things with me."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People received appropriate care and treatment and matters of equality and diversity were taken into consideration when planning and delivering care.
- People told us, "They are very kind and considerate and always treat me with respect. They gave me emotional support when I needed it." And "I have marvellous care and I am very well looked after. Everything they do is spot on."
- People with protected characteristics were well treated by the staff. This meant staff encouraged a culture which allowed people to be treated in a caring and equitable way.

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

- People who live at Reeve Court Village were encouraged and enabled to make their own decisions about care and support.
- Service users, relatives and staff told us care planning and delivery was discussed so the right decision was made. One person said, "The team leader rings if they need to discuss things. It is well run and organised."
- People felt they could speak up, using both informal and informal means. One person said, "I would be able to talk to the team leader or some of the carers if I had a worry." Another person said, "We can ring the office or go to reception. The nicest thing is you are not on your own and there are people you can contact." People held regular meetings where they could look at issues and make suggestions for change and improvement.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People had choice and control over their lives and had their needs and preferences met because care planning and delivery was of a very high standard.
- We looked at a number of well written and suitably detailed care plans and these gave staff guidance on people's needs and wishes. People confirmed they discussed their care needs and these were recorded in their plans. A relative said, "I am contacted if things need to change with the plan...that's good practice."
- Staff intervention supported people to remain in their own homes despite having complex care needs. One person told us the care and support allowed them to continue to live with their partner in their home. They also told us the staff did things that "Go over and above what is expected...little touches that help [my partner] still feel feminine!"

Meeting people's communication needs

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

- The provider had excellent arrangements in place to support people with their communication needs.
- People could be supported when they had different communication needs. Staff said they had received training to support people with issues like hearing loss or with dementia. The service had a dementia and mental well-being advisor who helped staff to use different approaches to communicate effectively. They had also employed a team member who had personal knowledge of hearing loss who could use different communication tools and who worked empathically with people living with hearing loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider ensured people were given the right levels of support to maintain and develop relationships and to participate in meaningful activities.
- People and their relatives told us staff encouraged and motivated people to join in the varied activities. One person said, "There was a lot to do before lockdown. There was dancing, cards and entertainment." The activities organiser had ensured there were still entertainments and activities and people were kept safe. People were helped to use zoom and skype to join in and to keep in touch with each other and with families. A very lively Facebook page was used for reminiscence, celebration of events and other activities. Outdoor

entertainments and exercise classes had been held during the summer.

- People told us they could use the gym, hairdresser, shop and bistro when not in a lockdown. There were yoga classes, singing, reminiscence, quizzes and a recent mystery to solve. One person said, "The support is so good. They have a shop, hairdressers, computer room and cafeteria. Everything you need is here. It is really lovely. Best thing is there is nothing missing here."

#### End of life care and support

- People were given excellent levels of support at the end of life.
- The service had recently been awarded the gold standard award for end of life care because excellent systems were in place to give people the right kind of support at the end of life. Staff confirmed they had been trained in practical, emotional and psychological end of life care. The well-being advisors explained how the team worked with health care professionals to allow people to stay at home and have a dignified and pain free death. Both of these team members had completed specialist training in counselling and in practical skills to help the person at the last stages of life, their families and the staff who delivered care.
- The team had held workshops with solicitors to give people advice on making a will and completing advanced care planning for end of life care. Many of the service users were then able to formally record their wishes for this stage of life. The staff team were aware of people's wishes as they were recorded on file. They knew who had advanced directives for care and welfare and relatives were kept involved in the planning of care delivery.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a commitment to providing high-quality, person-centred care. The culture of the service reflected the positive and empowering vision and values of the provider. Innovation and new ways of working had enhanced the way the service operated.
- The positive culture had supported people during the pandemic, not only to stay safe but to continue to feel part of the community. The staff team used zoom, skype and Face Book to continue with meaningful activities. They had produced a pictorial plan of 'A new way of working', detailing the excellent arrangements made to help people continue to be part of the community.
- People told us they felt empowered and could voice their opinions. They confirmed they could talk directly to the staff, were consulted as individuals and as groups through regular 'street' meetings and the residents' committee. People we spoke with told us they felt valued and the service was run for their benefit.
- Staff spoke positively about how the registered manager had given consistent leadership and support prior to and throughout the pandemic. One team member said, "Fantastic managers... can't fault them. They have kept us safe in the pandemic. Together we have kept the resident's spirits up ... I am thrilled to work for them..." The service held regular staff meetings and staff had access to up to date good practice. Practical issues were discussed, and theoretical perspectives identified in staff practice and were discussed in formal feedback to staff.

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

- The staff team understood their roles and were committed to running a high-quality service to meet with regulatory requirements and improve and enhance the lives of people in the service.
- Staff and people in the service understood the varied roles of staff. The deployment of staff was clear and logical. Staff said they were aware of their role and how it fitted into the whole team. They also had a good understanding of legislation, good practice and the need to maintain standards.
- The provider employed well-being specialists in each of their villages. People at Reeve Court told us how much they valued these two staff members who helped them get the best health care support possible. One relative said, "They have supported my relative through the stages [of Alzheimer's disease] and fully understand needs. My relative is very settled." This meant the provider enhanced the well-being of people in the service because the well-being advisors were available to assess risk, develop specialised care plans and escalate any interventions from specialist health care providers.
- The Extra Care Charitable Trust had a detailed quality monitoring system and both internal and external

audits were completed in this service. All aspects of the service had been audited routinely. This included audits of care planning and delivery. The audit of medicines was extensive and prevented unsafe practice. The views of people were included in all aspects of quality monitoring. An annual quality report had been completed and actions taken to ensure continuing high standards of care and support.

- Risks and opportunities were carefully monitored throughout the service. One person also told us, "The registered manager got to grips with the people who were flaunting the rules to make sure everyone was safe during lock-down. This was done in a measured, kind but firm way". These approaches allowed for good outcomes in a difficult time. The survey satisfaction levels from people living in the site had risen from 85% to 95% during the pandemic.

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

- Extensive systems were in place to engage with people, the public and staff, both formally and informally.
- People and their families received regular surveys, and these were analysed centrally by the provider and changes made where necessary. Review meetings were arranged, and informal discussions held with people, their visitors and visiting professionals about individual care needs. A visiting professional told us, "There is a touch screen survey in the main entrance area. It is anonymous and picked up that one person was feeling isolated. This was addressed by the manager and appropriate action was taken to support them."
- People told us they were involved in 'street meetings' as well as individual care reviews. One person said, "The residents have an excellent relationship with the registered manager. We have monthly committee meetings and he attends the latter part. Any concerns are dealt with swiftly and appropriately."
- People confirmed they were treated equitably. Staff had completed equality and diversity training. Good attention was paid to the needs of people with protected characteristics. The culture in the service had allowed one person to follow their chosen lifestyle for the first time. Their choice was supported by staff and other people living on the site. This ensured no one was disadvantaged.
- Engagement had continued in a Covid-19 safe way during the pandemic. Staff had continued to talk with people using the telephone or by virtual means. Face to face meetings were held because good infection control measures and good use of PPE were already in place. Covid safe activities had continued through lockdowns and people felt this had helped keep them positive.

Continuous learning and improving care; Working in partnership with others

- The service had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.
- The manager had taken advice from other professionals and kept up to date with current good practice. The service had introduced an innovative virtual monitoring system to help support the most vulnerable service users. The senior team, including the dementia care specialist, had started to use this virtual monitoring to help people stay safe but maintain their independence.
- The service had good working relationships with social workers and commissioners of care. There were arrangements in place to manage the purchased hours of care in a flexible way, so people received appropriate care as soon as they needed it. A staff member told us, "In emergency we put in new calls. If there is a risk, we will increase the care. Social workers trust us to do the right thing,"
- Good collaborative work was still evident with groups within the community. These ranged from local disability network to groups supportive of minority groups' well being. Intergenerational work was done with local schools and colleges. The team had also held workshops on advanced care planning prior to the pandemic. Solicitors came to the service and spoke with people about Power of Attorney, making a will, advanced directions and living wills. These things helped people to access community resources.

