

Apex Prime Care Ltd

Apex Prime Care - Matilda Place

Inspection report

Gordon Road
Winchester
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21 April 2023

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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

Apex Prime Care - Matilda Place provides care and support to people living in 2 'extra care housing' settings in Winchester known as Matilda Place and Danemark Court. People there live in their own flats with some shared facilities. Staff also provide a domiciliary care service to people living in the community. The service provides support to older and younger adults who may be living with a physical disability, sensory impairment, dementia or mental health diagnosis. At the time of the inspection the service was supporting a total of 46 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. 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 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. However, we have recommended the provider reviews their practice.

The provider had systems, processes and practices in place to protect people from the risk of abuse and any learning from incidents was shared. Staff assessed potential risks to people and measures were in place to manage them safely. The provider ensured there were sufficient staff to meet people's care needs. People received their medicines safely from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection.

People's needs were assessed and their care was planned with them, taking into account best practice guidance and legislation. Staff received the required training for their role and were supervised and supported in their work. Staff ensured people received any support they required to eat and drink. The registered manager ensured there was close working both within the team and with external services, so people received joined up care and their health care needs were promptly identified and met.

Staff treated people in a kindly manner and with compassion. People were encouraged to express their views and to be involved in decisions about their care. Staff ensured people's privacy, dignity and independence were promoted.

People received personalised care in response to their individual needs and their care was planned with them. Staff provided stimulation for people in both supported housing schemes, which was tailored to people's needs. People were able to raise concerns and complaints and these were acted upon. People who wanted to receive end of life care in their home were supported well by staff.

There was a positive culture focused on providing good care for people. There were clear and effective

management arrangements in place. Processes were in place to monitor the quality of the service provided and to drive improvements. People, relatives and staff were involved in the service. Staff worked in partnership with a range of agencies to support the delivery of people's care.

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

Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 17 May 2019.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Apex Prime Care - Matilda Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service 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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection to ensure people we needed to speak with would be

available.

Inspection activity started on 20 April 2023 and ended on 21 April 2023. We visited the location office on both days.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

At the site visit we spoke with the registered manager, a housing professional and 5 care staff. We observed staff supporting people in communal areas and reviewed a range of records. These included 4 people's care and medication records, 3 staff records and audits of the service.

After the inspection

We spoke with 5 people and 5 relatives about their experience of the care provided. We also received written feedback on the service from 2 professionals who had regular involvement with the service, who were both very positive about the quality of the care provided.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives reported they felt safe. Their feedback included, "[Name of person] feels good and safe with the carers" and "I have no worries I feel perfectly safe." Staff wore uniforms and badges so people knew who was visiting them. People were provided with relevant information to keep themselves safe for example, from scam calls.
- The provider had effective safeguarding systems and procedures in place. Staff completed relevant training and understood their role. They knew the types of abuse and what should be reported, to whom and how.
- The registered manager understood their role in relation to safeguarding and ensured incidents were reported to the relevant authority. Where required, investigations had been completed thoroughly and appropriate actions taken for people's safety. The learning from safeguarding investigations was shared with staff.

Assessing risk, safety monitoring and management

- Staff assessed a range of potential risks to people related to the provision of their personal care, mobility, health and safety, falls and equipment. Where risks to people were identified, there was written guidance for staff about how these were to be mitigated. For example, where a person was at risk of falls, staff were to ensure the person wore their lifeline and that their Zimmer frame was within their reach.
- If people's skin was at risk of breakdown there was guidance for staff to monitor the person's skin. During the inspection, staff came into the office to report concerns about a person's skin, which was checked immediately, before being reported to the district nurses.
- People confirmed they felt safe in the care of staff. Feedback included, "The pull cord does make a difference for [name of person]." And, "Having someone there twenty four hours she feels she is much safer but has independent living."
- There was an on call system in place, so staff had 24 hour access to support and guidance if required.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's care needs both in the domiciliary team and the supported living team. The provider had an ongoing staff recruitment programme. People and relatives were satisfied with the staffing level of the service. Their feedback included, "They [staff] are there 24/7 and they go 4 times a day." And "They [staff] are as close as they can be on time."
- The provider had safe recruitment processes. Staff's pre-employment checks included a Disclosure and Barring Service (DBS) check. The DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider had recently introduced an electronic system for staff to sign people's medicine administration records (MAR). This alerted management if the MAR was not completed, which enabled them to check if the person had received their medicine. We noted gaps in 2 people's MAR's for April 2023. We discussed with the registered manager and the people had received their medicines, but the associated alerts had not been cleared. They addressed this immediately and took action to mitigate the risk of repetition.
- People's care plans contained details of the support they required with their medicines. Where people had additional risks associated with their medication administration, there was guidance for staff. For example, if people took blood thinners which increase risks to people if they bleed. Where people required their medicines applied to their skin via a transdermal patch, then this was documented on a body map. This ensured there was a clear record of its application and location.
- People had risk assessments in place for the use of emollients used to moisturise the skin, which are a potential fire risk.
- Staff ensured any changes to people's medicines, for example upon discharge from hospital were received in writing and checked thoroughly for any issues. We observed at the site visit the registered manager identified an issue with the administration of a medication a person had been prescribed upon discharge. They immediately liaised with the relevant professional, to ensure this was addressed.
- Staff had completed medicines training and had their competency regularly assessed. They had access to the provider's medicines guidance. People and relatives confirmed they received their medicines as prescribed. A relative said, "They always turn up on time particularly on the medication round."

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff spoken with understood their responsibility to raise any concerns and to report incidents. Staff told us there was a "No blame culture," to encourage them to speak out.
- When something went wrong, there was a thorough and robust investigation involving relevant staff and partner organisations. When incidents occurred, learning took place in order to reduce the risk of repetition. Any learning from incidents was shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were involved in making decisions about their care. Where they lacked capacity to consent, legal requirements were met. Staff ensured they obtained a copy of people's power of attorney where they had one in place, to enable them to check it had been registered. Staff had completed MCA training and understood the principles of the act and its application to their role.
- We saw following the last branch audit, a required action for the registered manager was to complete MCA assessments for everyone. However, this was not required or compatible with principle 1 of the MCA, which the registered manager understood.

We recommend the provider reviews their practice to ensure the principles of the MCA are fully embedded.

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

- The registered manager attended a monthly meeting with statutory services where nominations for the 2 supported living services were assessed and flats were allocated. The registered manager then completed a holistic assessment of the person's care needs with them, to determine if staff could meet their identified needs. People's care delivery was then planned with them and their expected outcomes for their care identified.
- Staff ensured the planning of people's care took into account legislative requirements and best practice guidance. For example, many people living at Matilda Place were living with dementia. Staff had noted some

people struggled seeing and eating their meal when it was served on a white plate, so their meals were now served on red plates, which provide a greater visual contrast. Staff supported people living at Matilda Place to eat both their lunch and dinner in the dining room. This both encouraged people living with dementia to socialise together at meal times and provided a visual prompt to people as they saw others eating.

Staff support: induction, training, skills and experience

- Staff received an induction to their role based on the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff as part of their induction had the opportunity to shadow more experienced staff in their work.
- Staff received regular supervisions, spot checks of their work, competency assessments and an annual appraisal. Some staff had also completed professional qualifications in social care. Staff told us they felt well supported in their role. People told us, "The staff have the necessary training."

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

- People were supported by staff according to their preferences and level of need to have sufficient to eat and drink. Staff had access to guidance about people's preferences for their drinks and meals, including, the support they required, their dietary preferences and where they liked to eat.
- People living in the supported living services also had the option of being provided with a daily hot meal and pudding which was delivered to the service daily. People living in Matilda Place ate together, whilst people at Danemark Place preferred to eat in their flats. We observed at lunchtime staff ensured people's meals were served at a safe temperature. Although no-one had a clinical need to have a pureed diet, a person preferred their meal to be pureed, which staff arranged. We saw lunchtime at Matilda Place was a very sociable time. There were sufficient staff to ensure people's meal was not rushed, the atmosphere was calm and they enjoyed the experience.
- Staff provided people with sufficient drinks. A person confirmed, "They make sure I have enough liquids." We saw drinks were accessible for people in the communal areas. Staff told us they had access to food and fluid records if they had concerns about anyone's intake.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us it worked well with the 2 teams of staff, 1 who provided domiciliary care and a second who provided supported living. This enabled staff to promptly identify when people living in the community were deteriorating and in need of being nominated for supported living. Staff were also able to monitor if the needs of people living in Danemark Court were increasing and whether their needs might be better met in Matilda Place. Staff had good oversight of people's needs in the community and the supported living services and worked collaboratively to ensure people received joined-up care.
- Staff worked well with external services, to identify and address any potential risks to people as they transferred between services. Staff had good working relationships with the 3 surgeries they worked with. Professionals confirmed staff worked closely with them to ensure people's safe discharge from hospital and to ensure any follow-up appointments were actioned or changes to people's package of care were requested and arranged promptly.

Supporting people to live healthier lives, access healthcare services and support

- Staff ensured anything which could affect people's health or wellbeing was identified and acted upon promptly. A relative told us, "[Name of person] had a rash on her face and they [staff] immediately got a doctor."
- Staff told us they had received training in health conditions such as sepsis, urinary tract infections and

diabetes, to ensure they knew the signs a person required medical input. People who had health conditions such as diabetes, had written guidance for staff's information in their care records.

- People had admission to hospital forms ready in case they needed to be admitted. These included key information for health care professionals. Staff received a copy of people's hospital discharge form, which a professional advised they reviewed carefully for people, in order to identify any required actions.
- Staff responded very effectively to a medical emergency during the inspection. They were aware of the additional risks associated with the person's care and liaised closely with health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The registered manager ensured people were treated with kindness. People and relatives were positive about the caring attitude of staff. Their comments included, "I get on well with the carers they are very caring" "I am happy with the care I get" and "The best thing is the staff they really do seem to care, they are very good and positive."
- The registered manager told us how if people moved in without any furniture, then they ensured people were supported to furnish their property. We saw evidence staff had received a number of compliments about how well they cared for people, which a professional confirmed.
- Staff had the required skills to provide people with compassionate care. The provider's training for staff included equality and diversity and dementia care. A staff member told us they had, "Learnt how to treat people especially those with dementia." People responded to staff positively. A health care professional confirmed staff were friendly to people and had, "Resident's best interests at heart."
- We observed staff interacted and communicated with people well. Staff checked a person was wearing their hearing aid, to enable them to hear the conversation and to be able to join in. We also saw the registered manager signing when they communicated with another person who had a hearing impairment.
- Staff were provided with information about people in their care plans and where required an, 'All about me' document. This recorded information about the person, where they could not easily share this for themselves. A staff member told us, "You get information from the care plan when people move in and then get to know them." A relative confirmed, "She [loved one] has got to know the staff and they know her and understand her."

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

- Staff understood when people needed or wanted help or support from their families when making decisions about their care or support. People's records demonstrated their relatives and those they wished to be involved had been consulted when making decisions about their care. Staff also told us they, "Listen to people" and "Respect people's right to choice." Staff were heard to ask a person if they wanted to remain seated in their wheelchair at lunch or to transfer to a dining chair. Staff involved people in day-to-day decisions about their care.
- Staff provided people with relevant information to inform and support them. For example, we saw staff provide people with written information to assist them with the cost-of-living crisis.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with dignity and respect. Their feedback included, "The carers treat me with respect and dignity." We observed staff ensured people's privacy and dignity was

maintained during the provision of their care. Staff knocked on people's doors and ensured doors were then closed. Staff told us the measures they took to uphold people's dignity, during the provision of their care. We saw staff conversations about people's care needs took place in private.

- People were supported to maintain their relationships with those who were important to them. Staff had good links with people's families who visited people when they wished.
- Staff encouraged people to maintain their independence and to do what they could for themselves. A relative confirmed, "It makes a massive difference to his [loved one's] life being able to have his independence." We observed staff had placed 'memory boxes' next to the front doors of people living with dementia if they needed an additional prompt to enable them to recognise which flat was theirs. This assisted them when orientating themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was holistically planned in response to their individual care and welfare needs, planned with them and recognised their strengths. People's care plans identified and addressed any needs they had in relation to their protected characteristics under the Equality Act 2010. For example, in relation to their age, disability and religion. People and relatives confirmed they had been involved in the care planning.
- People's care was reviewed periodically or when their needs or circumstances changed. We heard the registered manager liaising with the hospital discharge team about whether a person needed an increase in their package of care prior to their discharge. A professional confirmed the registered manager promptly informed relevant agencies of any changes to people's level of care needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were identified at their initial assessment and recorded within their care plan. Information was available to people in alternative formats if required. For example, we saw the complaints procedure was displayed in an accessible format for people if required.

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

- People living in both of the supported living services were provided with opportunities for social stimulation. Although neither scheme was specifically designated to accommodate people living with dementia. Matilda Place accommodated a greater number of people living with dementia and Danemark Court accommodated people who had a greater level of independence.
- The registered manager and the deputy manager recognised people living in both services had quite different needs in relation to their social interaction and welfare and preferences. In Matilda Place people had a greater level of need for staff initiated opportunities for social interaction across the day. Staff organised daily activities each afternoon at Matilda Place, which they either ran themselves or involved external groups. For example, we saw a local church running a service for people. Staff ensured in the lounge there were items for people to stimulate themselves with, such as puzzles, crafts and books. Items were displayed on the book shelves to stimulate people's long term memory which they could touch.

- Whilst at Danemark Court people preferred to occupy themselves with their own interests and activities. For example, we saw people had tended to the space outside their flats where they wished. A person was very involved in decorating the service for any social events and had run a craft group for their fellow residents. Staff ran a group twice a week for people. We attended and the activity was a sensory session, which people were seen to thoroughly enjoy. The activity prompted lots of discussion and laughter between people.

- Staff also recognised and celebrated events with people. A relative told us, "The two managers are lovely and did a marvellous one hundredth birthday party for her." They also cooked a meal for people to enjoy together at Christmas and Easter, which enabled people to come together and celebrate culturally significant events. People and relatives confirmed the activities benefited people's well-being. Their feedback included, "It has so enhanced her life being there and they take her to town" and "The care has made the difference because she would not want to be in a care home."

Improving care quality in response to complaints or concerns

- People were provided with information about how to complain in their service user guide, the statement of purpose and the provider's complaints policy. People and their relatives knew how to raise any issues and felt they could.
- We saw when complaints had been made, they were thoroughly investigated and any required actions had been completed and any learning from complaints was identified and acted upon.

End of life care and support

- People's end of life wishes were sought and recorded. People who wished to remain in their own home for end of life care were supported by staff to remain in their home.
- Staff spoken with understood how to provide good end of life care for people. We saw staff provided kind and empathetic care and worked closely with other health care professionals including the palliative care team to support people nearing the end of their life. They worked with professionals to ensure people had any medicines available they might need and people were kept comfortable and regularly checked upon. Staff ensured there was good liaison with people's families at the end of their life. People's lives were celebrated and remembered by both people and staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which was focused on providing good care for people. People, relatives, staff and professionals confirmed the service was well-led. Feedback included, "The managers are approachable entirely" and "I would say it is a well-run care company." We saw people, relatives, staff and professionals would pop into the office as required to speak with the registered manager and the deputy manager.
- The registered manager monitored the service staff provided and took any required actions for people. A relative confirmed, "They do act on things." The registered manager and the deputy manager would support staff in the provision of people's care, if there were any issues which impacted staffing.
- The provider's aims and objectives for the service were set out in their statement of purpose. The registered manager and staff displayed the provider's principles for people's care in their daily work with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and ensured they were open with people.

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

- There was a registered manager in post, who understood their role. They were well supported by the deputy manager and a senior carer for the community service. Staff understood their roles and responsibilities.
- A range of statutory notifications to inform CQC of events within the service had been submitted. We identified 1 incident where a safeguarding had been raised for a person, but the required statutory notification had not been submitted. We brought this to the registered manager's attention who immediately addressed this. We did not find any evidence this had impacted upon the person's care.
- Staff were well motivated in their work. Their feedback included, "I love the interaction with people" and that the provider and management were, "Good to work for." They had confidence in the registered manager and the deputy manager's ability to lead the team. They told us they were supportive and available.

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

- People's views on the service and what they wanted were sought both informally at groups and social events such as the fish n' chip suppers and surveys which people last completed in July 2022. People had provided positive feedback such as, "We are listened to by [registered manager and deputy manager]. They include us in decisions of what we would like to do. My favourite is seated exercise it really helps." And "My mental health has improved, now activities have re-started. It gets me out of my flat." The views of relatives, staff and professionals were also sought and again feedback was positive.
- There were good links both locally and to one of the provider's other services. People were provided with transport to another service 2 days a week, this enabled them to socialise with people from the other service and enjoy a lunch together.
- The registered manager promoted equality and inclusion within the diverse workforce and welcomed staff's contributions. For example, Indian staff offered to hold an event for people for people living at Danemark Court to celebrate their culture. They made a variety of Indian dishes for people to try and to enjoy.

Continuous learning and improving care

- The registered manager monitored the quality of the service provided through care plan audits, staff supervisions, spot checks of people's care and reviews of care. They also reviewed any safeguarding's, incidents, concerns or complaints, in order to identify any areas for improvement.
- The provider had introduced a new electronic records system, at the end of 2022. The registered manager audited a sample of people's MAR records and daily records monthly for completeness. If staff did not sign the person's MAR an electronic alert was raised, investigated and signed off. We identified 2 care visits when the medicine alerts had not been signed off, although people had received their medicines. We raised this with the registered manager who took immediate action to investigate the cause, which was promptly identified and addressed. They also implemented changes to reduce the risk of repetition.
- The registered manager submitted a weekly report to the provider which covered all aspects of the service. The regional manager had audited the service in June 2022. The service had performed well and only minor issues were identified.

Working in partnership with others

- Professionals confirmed staff worked transparently, collaboratively and openly with them. The registered manager and the deputy manager worked in close partnership with key organisations to support good delivery of people's care. This ensured all aspects of people's care needs were identified and met.