Willan House (Stainfield) Limited

Willan House

Inspection report

Stainfield
Wragby
Market Rasen
Lincolnshire
LN8 5JL

Tel: 01526398785
Website: www.willanhouse.com

Date of inspection visit:
29 January 2019

Date of publication:
13 February 2019

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:

Willan House provides accommodation, care and support for up to 20 people who experience physical disabilities and those who live with dementia.
There were 13 people living at the service at the time of the inspection.

People's experience of using this service:

• People received safe and effective services.
• People were protected against abuse and discrimination and their rights were upheld.
• People were supported to have choice and control over their lives and were encouraged to maintain their independence.
• People were treated with kindness and respect. They were encouraged to express their views and opinions and staff respected their choices and the decisions people made.
• There were enough staff who had the right knowledge and skills to meet people's needs in a person centred way.
• There was an open and inclusive culture within the service. People who lived there, relatives and staff had a say in how the service was run.
• Governance systems ensured any shortfalls in the services provided were identified quickly and addressed in a timely manner.

Rating at last inspection:

Good (report published July 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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.

Willan House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Willan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection the service was providing care for 24 people.

The service employed a manager who was registered with the CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before our inspection, the registered provider had completed and returned a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they planned to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We also considered the last

inspection report and information that had been sent to us by other agencies. In addition, we contacted and requested information from commissioners who had a contract in place with the service.

During our inspection visit we undertook a tour of the premises and spoke with five people who lived at the service, five relatives who visited the service and one relative who provided feedback to us on the telephone while we were there. We also looked at the range of activities available for people and observed how some of these were being provided. Our overall observations included how people and staff interacted and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

We spoke with two members of the care staff team, the chef, the services activity co-ordinator, the housekeeper, a visiting hairdresser, the assistant deputy manager, the registered manager and the registered provider.

In addition, we reviewed specific parts of the care records of three people who lived at the service. We also looked at the management of medicines and a range of monitoring and audit information the registered provider maintained about how they ran the service.

Good

Is the service safe?

Our findings

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

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

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

•People told us they felt safe. One person said, "I know I am safe. I am around people and I want that now. I don't like being on my own and the staff treat me very well." Staff had received training to enable them to recognise any signs of potential abuse and knew what to do if they were concerned about the well-being of people who lived at the service. Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken, when needed to ensure people's safety was maintained.
•A range of regularly serviced and checked equipment was in place to enable people to be cared for safely. There were also processes in place which ensured safety checks of the environment and fire safety were being carried out.

Assessing risk, safety monitoring and management:

•The registered manager and care staff told us they felt confident in supporting people safely. Risk assessments were in place to which staff said they followed to support this process.
•When we spoke with staff and observed them communicating with people and caring for them it was clear that they knew the specific risks relevant to each person's support needs.
•Specific risk assessments had been added to care records to guide staff in managing each risk where needed. The risk assessments included information about how people needed to be supported to move around safely and when they needed support to bathe or receive direct personal care. For example, we saw how one person needed to be supported with their care whilst in bed and information was available to show they were helped to turn over periodically to eliminate risk of them developing pressure sores on their skin.

Staffing and recruitment:

•People told us they felt there were enough staff to support them. One person said, "I find anytime I need someone they get to me quickly." Another person commented, "I don't need to shout out. The staff come to me quick." A relative we spoke with told us, "I notice how the staff work together. The range of experience is good and I like the fact that the low staff turnover has meant our loved one is in good consistent hands."
•The registered provider had an ongoing programme of recruitment in place which helped maintain staffing at the right level. The registered manager described how the process was aligned to their recruitment policy which was kept under regular review and ensured relevant checks were completed before any new staff member started to work at the service. These checks were carried out before employment to make sure staff had the right character and experience for the role. They included the registered provider contacting the Disclosure and Barring Service (DBS). The information provided by the DBS is used to assist employers to

make safer recruitment decisions. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.
•Staffing rotas were planned in advance by the registered manager. Any changes had been clearly marked and staff we spoke with told us they were clear about when they were scheduled to work. The registered manager and staff confirmed they did not need to rely on using agency staff when the staff team were not available because they worked as a team to cover any gaps.
•The registered manager showed us that staffing levels were maintained using a dependency calculation tool and process which they reviewed regularly and staffing adjusted as needed. This meant staff were being deployed consistently and that any change in need for people would be met.

Using medicines safely:

• People told us they received their medicines at the right times and staff knew how they liked to take them.
•Medicines were stored securely and only administered by staff that were trained to do so. The assistant deputy manager showed us audits were carried out regularly which included staff competency checks regularly. The results were shared with the registered manager and provider to make sure the processes remained consistent with good practice.
•The medicine administration records we looked at were up to date with no gaps.

Preventing and controlling infection:

•People were protected against the risk associated with the spread of infection.
•We saw the service was kept clean by the housekeeper with additional support from the wider staff team when it was needed. Cleaning schedules were in place for all communal areas and people's rooms. These were checked by the management team to ensure a programme of regular cleaning took place.
•Systems were in place to enable staff, visitors and people to minimise the risk of cross infection. For example, hand gel dispensers were accessible in communal areas and toilets. We observed and staff described how they reduced the risk of any infections spreading by having access to, and using personal protective clothing such as gloves and aprons when required.
•The registered manager confirmed they had an infection control lead within the staff team. They told us how they attended information and good practice meetings with the local authority infection control team and that the meetings involved other registered providers. They added that attendance at the meetings had helped to keep staff updated with any developments and good practice examples related to the management of infection control.

Learning lessons when things go wrong:

•The registered provider had a system in place which ensured any incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The management team used this process, to identify any trends and put actions in to place when required.

Good

Is the service effective?

Our findings

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

Good: 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 physical, mental health and social care needs were assessed in advance of them moving into the service. Information we looked at in three of the care plans created following these assessments showed the assessments completed had involved people and where appropriate their circle of support so that care could be delivered in the way people preferred. A relative we spoke with told us, "Placing my loved one in the service was the best thing I could have done for them. The staff take account of all of the needs and the delivery of care is planned and thought about and not just given."
•The registered manager told us how they took account of any wider diverse and any cultural needs people had to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). Care assessments contained information which gave a clear overview of a person's background and any cultural needs they had so staff could discuss them further with people in order to understood and agree how these might be best met. The information was clear and care staff we spoke with told us that that understanding the persons social needs was as important as knowing what physical help they needed.

Staff support: induction, training, skills and experience:

•The registered manager and staff told us the induction staff had when they started to work at the service and the on-going training provided had equipped them for their roles.
•The registered manager showed us they had a training plan in place which they kept updated so that this could be checked to confirm when training was due and when it had been completed by staff. Staff told us that training outcomes were checked through a structured process of supervision and appraisal and that they found this supportive to them. In addition, staff were supported to undertake nationally recognised qualifications in care so that they could keep on developing their skills and learning.

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

•People were supported to maintain a healthy balanced diet and people we spoke with told us they had a variety of choices offered to them for meals and drinks.
•We spoke with the chef who showed us that a range of fresh food was purchased and food stocks were in good supply and organised so that the chef knew when to re-order new supplies. Kitchen records linked to the care record information for people. They clearly documented people's food choices including any specific dietary needs they had. This also included important information about any allergies so that in addition to the care staff, kitchen staff would know which foods and drinks people needed to avoid.

•Records showed that staff had communicated with people in advance of each meal time to identify what each person wanted to eat and drink and when and where they chose to have their meals.
•Peoples weight was checked regularly and recorded to ensure they remained healthy and records showed follow up actions were undertaken when any concerns had been identified, for example if people went off their food or lost weight unexpectedly. Follow up actions included referrals to external health professionals so that if needed, reviews could be undertaken and any change in diet or how nutrition was provided could be explored with the person.

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

•Although the service had not been purpose built, people and relatives we spoke with told us they felt it was set out in a way which met their needs. We saw the service was clean, well decorated and maintained and that an on-going programme of refurbishment work had been undertaken to maintain and improve the facilities available to people. This included the redecoration of the communal lounge.
•The registered manager told us they employed maintenance staff member who carried out any routine maintenance as and when required. A maintenance book was kept to log all work scheduled for completion and when this had been completed. All of the services communal areas of the service were accessible and we noted a stair lift was available for people to access the other floor of the service. Coloured hand rails had been fitted in communal corridors to help guide people and the communal bathing areas had been set out so that any equipment which needed to be used by staff could be moved around easily.
•People were also able to access and make use of any personal electronic communications devices they had through the use of the internet which was available in the service.
•We saw people had been supported to set their private rooms out and personalise them in the way they wished. For example, people's bedrooms had been decorated and furnished individually and some people had chosen to have family photographs and other personal souvenirs on display in their rooms. In addition to their own bedrooms, people could choose to spend time in the communal areas of the service. A room was also available for people to meet with any visitors they wished to receive privately.

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

•We observed staff supported people in a timely manner with their healthcare needs. Care plans documented the healthcare requirements people had and we saw staff made reference to care record information when they followed up on calls needed to local doctors and healthcare professionals to check on external appointment times and any visits to the service. During our inspection we saw one person went out to visit their dentist with a relative. A relative we spoke with also told us staff worked well with them when arranging appointments and that staff had taken their family member to an optician's appointment and that this had been really helpful.
•Whenever people had requested it or the registered manger had assessed as needed, people were always accompanied to any unplanned or urgent hospital appointments by them or a staff member. They told us how this ensured the person was supported and that any care record information which needed to go with the person was shared. A relative described the actions the registered provider took to respond to the medical needs of their loved one saying, "They were brilliant in an emergency. They followed the ambulance to the hospital and stayed with [my relative] until we could get there. It felt really supportive. Not just for us but knowing [my relative] had someone with them who knew them."

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

•The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•Staff we spoke with told us they had completed or where scheduled to undertake training related to MCA and DoLS awareness. Our observations of their approaches and communications with people demonstrated their understanding of these subjects and their application. For example, we observed how wherever possible, people were being appropriately supported to make decisions about their day to day wishes and preferences. People decided how and where they spent their time, what they wanted to eat and drink and who they spent their time with. The registered manager described how the formulation of care plan records involved the person signing them to demonstrate their involvement. The records we looked at included any additional information about peoples circle of support and those who they wanted to be included in any discussions and reviews regarding their on-going care.
•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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.The registered manager had appropriately notified the CQC when DoLS applications had been submitted and granted. At the time of this inspection four people were subject to DoLS authorisations and one further application had been made and was awaiting approval. The registered manager and staff were working within the principles of the MCA and were continuing to meet the conditions set out in the authorisations.

Good

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.

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

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

•We noted there was a warm, friendly and welcoming atmosphere in the service. All of the people we spoke with told us the staff were kind and caring toward them. One person told us, "This is my home and I feel good being here because the staff care well." A relative commented that their loved one, "Couldn't be looked after better."
•Throughout our inspection, when we undertook our observations of how staff interacted and supported people we saw they understood their individual preferences and differences thus treating them equally. For example, one person had difficulty eating their meal and was supported sensitively by two staff members to help them to be more comfortable. One staff member stayed with the person and encouraged them to take their time eating and drinking. We saw this helped the person to become relaxed. They exchanged positive verbal and non-verbal communications with the staff member and then said, "I'm really enjoying my food."
•We also noted when people changed their mind about the meal they had chosen earlier or when they asked for a different drink their wishes were fully respected.

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

•The registered manager told us, and we saw that wherever possible care records had been created together with the person or if appropriate their circle of support. Were people had been directly involved the records were signed by them to indicate they consented to the arrangements in place for their care.
•During our inspection we observed that staff involved people in making decisions about their day to day care, how this was being provided and where it was delivered. For example, where people had made their decision to stay in their rooms, care and support and any food and drinks they wanted were taken to them. A staff member told us how people could choose to go to bed and get up when they wanted to and there were no set routines. They described how, the day before our inspection visit one person had chosen to have a 'duvet day' and this had been fully respected.
•The registered manager showed us they and care staff had the contact details and knowledge needed to help people to access lay advocacy services if they needed this type of support. Lay advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes. The service user guide confirmed people would be supported to arrange for lay advocacy support if this was requested. Contact information was also available for people and visitors in the reception area of the service so people could make contact themselves. The registered manager gave us examples of people using the service to help them to communicate their wishes about the arrangements for the way care was provided and funded to their relatives.

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

•Staff supported people to maintain their privacy and dignity through the approaches they took when providing support. For example, we saw staff took the time to check if people wanted them to enter their room by knocking on their doors and waiting for a response before going in. We also noted that doors to people's rooms contained signage highlighting the importance of respecting people's privacy when care was being given as a reminder for all staff and visitors. People told us they were able to have a key to their room if they wanted to secure their rooms themselves and we saw that the rooms had internal locks which meant people could independently lock their door or open it themselves from the inside.
•When staff spoke with people about their personal needs they ensured they did this in private and in hushed tones in order to protect their privacy whenever it was needed.
•The registered manager and staff told us they understood the importance ensuring peoples care and private record information was kept confidential and was only shared for example with healthcare professionals on a need to know basis.
•The systems the registered provider and manager had in place helped to maintain confidentiality. For example, we saw people's care records were stored in the registered managers room in a cabinet that only staff had access to and that the room was closed when it was not in use. The registered manager also described how computers were password protected and could only be accessed by those staff who had permission to do so.
•When we spoke with staff they told us how they were clear about the need to ensure information about their work and the people they supported was never discussed in their personal electronic communications and when they used social media platforms.

Good

Is the service responsive?

Our findings

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

Good: 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:

•Care records were personalised to reflect each person's individual needs. The information was kept under regular review and updated in line with any changes needed.
•People told us they had access to a range of activities to suit their own and collective needs and that they and staff were aware the activities helped support their health and well-being. An activities co-ordinator was employed to support people in thinking about, planning and organising the activities they were interested in.
•Daily newspapers people had chosen to have and a magazine one person liked to read were also brought in to enable people to keep updated with current events in the news and to support people's areas of interest.
•When people had chosen not to take part in some activities the activity co-ordinator told us they made time to visit people in their rooms or communal areas to talk with them about their day and how they were feeling.
•A relative told us how staff had helped to personalise their loved ones living space saying, "They fitted bird feeders so that [my relative] could clearly see the birds feeding on them through their bedroom window. It's exactly what [my relative] would have done at home. The staff cared enough to think about this and it makes all the difference."
•The registered persons also showed us they were members of a national organisation which aimed to help keep people and family pets together. This meant people were supported to bring their pet into the home with them if they chose to.

Improving care quality in response to complaints or concerns:

•People told us they knew how to raise any concerns they had and that the registered manager was readily available to talk with. There was a complaints procedure available for people and any visitors to the service which informed people how to raise any concerns they may have. Information about how to complain was detailed in copies of the home statement of purpose and service user guide. We saw these had been kept under review to ensure the information was up to date. The registered provider told us no formal complaints had been received people and relatives we spoke with said they knew about the complaints procedure and that they felt comfortable raising concerns if they were unhappy about any aspect of their care or the services provided.
•People who lived at the service had varying levels of ability to verbally communicate and to fully understand written documents. With this in mind the registered manager had a process in place which ensured when it was needed people could access information which enabled them to understand how their support was being provided and the services available to them. The registered manager told us documentation related to the service, including the service user guide, statement of purpose and care

records, could if needed be produced in different formats. These formats included picture and symbol format, large print or braille. This meant that people's needs around accessing information had been considered in line with the Accessible Information Standard (AIS) which the registered manager told us they were aware of. The standard sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

End of life care and support:

•Where the information had been given, care records we looked at showed that people had been asked about any wishes they would want to be carried out at the end of their lives including the consideration of any advance decisions they wanted to make. The registered manager told us how they worked closely with people and their circle of support in considering any individual decisions so these could be fully respected. Examples were given regarding supporting people to have time on their own or with just those who were important to them and that they had chosen to be there at the end of a person's life.
•The registered manager also showed us they had applied to be re-accredited with The National Gold Standards Framework (GSF) in End of Life Care. The support the framework provides led staff to undertake regular reviews of people's specific end of life needs and how these were being met. These measures all contributed to people being able to receive personalised care that reflected their needs and wishes.
•At the time of this inspection the registered manager confirmed although they currently were not providing any specific care packages for people who were at the end of their life they and staff were consistently clear about their approaches to this type of care so that they were prepared at any time should they be needed.

Good

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.

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

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

•The registered provider employed and worked closely with an established registered manager to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
•The registered provider and manager were available on a daily basis and were supported by deputy manager and a team of senior staff who led the service as a team.
•We saw that the registered manager was accessible to people, visors and staff and that their door was always open. One person told us, "The manager is here for us and that's nice." A relative added, "I have complete faith in the manager. They and the provider are well known in the local community and we have no concerns about the support provided."
•Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us the information about how to raise any concerns was readily available to them to refer to if they needed to.

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

•People and staff consistently told us that the registered manager led the service in ways which ensured that the standards of care were maintained and that staff were competent and confident in their roles. One person told us, "The manager is like one of us. Always here and caring and seeing the staff do well for us."
•Staff we spoke with were clear about and understood their roles and responsibilities. They told us the registered manager and provider were consistent in their approach to leading the care team and that they always encouraged staff to work in line with the aims set out in the services statement of purpose.
•The registered provider and manager worked closely together using a quality assurance and audit system to regularly check that the service met regulatory requirements. As part of this process, we saw that all aspects of the service were checked audited by the registered persons, including the environment, health and safety, staffing, and medication.
•The registered manager informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.

Records showed they regularly reviewed their accident and incident records so that they could ensure the risks of them happening again were minimised.
•We also saw our latest CQC inspection report, summary and rating was on display available for people to read in the home. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

•There was an open and inclusive culture within the service which people who lived there, relatives and staff told us enabled them to share ideas with the registered persons and work in partnership with each other.
•The registered persons had a clear vision and set of values which outlined the principles of high quality and person-centred care. The information was available in the registered providers statement of purpose. A service user guide was also available for people to access. The registered manager, people and relatives we spoke with told us people were treated as individuals and that their views about the care provided were central to how the service was run. Peoples physical needs had been considered in regard to the way the environment was set out meaning people had equal access to all of the facilities available to them.
•People told us the registered manager and staff regularly sought their views about how the service was run. One person said, "We have our say about what we want and the manager takes our suggestions on board." In addition to day to day discussions and resident meetings the registered provider undertook annual surveys to enable people to share their views. Feedback was reviewed and analysed by the registered persons to make any improvements identified as needed. Examples of actions following the last survey included suggestions for trips out to a local garden centre a local pubs, one person asking for support to go shopping for personal items which was supported and a family member asking for improvements to the lighting in the lounge area in the evenings which was being followed up.
•The registered manager told us how they kept the process used for obtaining feedback from people under review and that they would keep developing these in line with peoples wishes.
•In addition to having day to day contact with the registered persons, staff team meetings were held and staff we spoke with told us they were kept updated with any important information they needed to know about and practice developments through these meetings.
•The registered manager told us they and the deputy manager used information from audits and checks on quality, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
•The registered persons showed us they were members of a national organisation which promoted the development of meaningful activities for older people. They told us this helped them and staff to keep updated with any new initiatives in this area. The registered manager also confirmed they were a member of a local support forum for care homes which they said they attended periodically and that they found useful in keeping them updated with service and care practice developments.

Working in partnership with others:

•The registered persons had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw that working collaboratively had provided staff with up to date professional guidance.