Lifecome Limited

LifeCome Care, London

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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:
LifeCome Care, London is a home care agency. It provides personal care to people living in their own homes in the London Borough of Lambeth. It provides a service to mainly older people living with dementia and/or who are physically disabled and some younger adults with a learning disability or mental health needs.

It also provides a six-week reablement service to people discharged from hospital to support their post-hospitalisation resettlement at home.

At the time of our inspection 35 people aged 40 and over received personal care either as part of their long-term home care service or a temporary six-week reablement service from this agency.

Seven people LifeCome Care, London also supported at home did not receive a regulated activity from them. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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:
People receiving a home care service from this newly registered agency usually received good outcomes and therefore we have rated them 'Good' overall and for four out of five key questions, 'Is the service effective, caring, responsive and well-led?'

However, we have rated them Requires Improvement for the one key question, 'Is the service safe?' because we received mixed feedback from people about staff punctuality and continuity.
We discussed these issues with the registered manager who told us they were in the process of introducing a new centralised electronic system that would allow the newly recruited deputy manager to closely monitor staff punctuality, length of their visit and staff continuity.

Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

- The issues described above notwithstanding, people told us they were happy with the overall standard of care and support they received from this new agency.
- People received a home care service from staff who were in the main suitably trained and supported to meet their personal care needs.
- People were protected from avoidable harm, discrimination and abuse.
- Risks to people had been assessed and was regularly reviewed to ensure people's needs were safely met.
- Appropriate recruitment checks took place before staff started working for the service.
- The agency had procedures in place to reduce the risk of the spread of infection.

•□Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.
•□Where people needed assistance with taking their prescribed medicines this was monitored and safely managed in line with best practice guidance.
•□Staff routinely sought the consent of the people they supported.
•□Managers and staff were knowledgeable about and adhered to the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.
•□People were supported to maintain a balanced diet where staff were reasonable for this.
•□People received the support they needed to stay healthy and to access health care services as and when required.
•□People received support from staff who were kind and compassionate.
•□Staff treated people they supported with dignity and respect.
•□Staff ensured people's privacy was always maintained particularly when they supported people with their personal care needs.
•□People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.
•□People needs and wishes were assessed and planned for.
•□People, and where appropriate their relatives and professional representatives, were involved in discussions and decisions about how the home care service they would receive from this agency.
•□People's care plans were personalised and routinely reviewed to ensure they remained up to date.
•□People's concerns and complaints were dealt with by the provider in an appropriate and timely way.
•□No one receiving a home care service required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
•□The provider had effective systems in place to assess and monitor the quality of the home care service people received.
•□The service was well-led and management support was always available for staff when they needed it.
•□There was an open and transparent and person-centred culture.
•□People, their relatives, professional healthy and social care representatives and staff were all asked to share their feedback about the service action was taken in response.
• The provider worked in partnership with other health and social care professional and agencies to plan and deliver an effective home care service.

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

Rating at the last inspection:
This service was newly registered with the CQC in February 2018 and therefore this inspection represents the first time they will have been rated by us.

Why we inspected:
This was a planned comprehensive inspection since we inspect new services within 12 months of them being registered by us.

Follow up:
The next scheduled inspection of the service will be within two and a half years of the published date of this report in keeping with our inspection methodology.
We will continue to monitor information we receive from and about the service and if any concerning information is received we may inspect the service 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 not always Safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was Well-led. Details are in our Well-led findings below.	**Good**

LifeCome Care, London

Detailed findings

Background to this inspection

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

Inspection team:
One inspector was involved in carrying out this inspection.

Service and service type:
This service is a home care agency. It provides personal care to younger and older people living in their own homes who may be living with dementia, have a learning disability, be physically disabled or have mental health care needs. It also provides a six-week reablement service to people discharged from hospital to support their post-hospitalisation resettlement at home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager might be out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection activity started on 12 February 2019 and ended on 28 February 2019.

What we did:
Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before our inspection we reviewed all the information we held about this service, which included

notifications the provider is required by law to send us about events that happen in relation to this home care agency.

We visited the service's offices on 28 February 2019 and spoke in-person with the registered manager, the providers compliance/quality assurance manager and a member of the office based business support team. We also looked at a range of records including, eight people's care plans, six staff files and various documents relating to the overall management of the service, including nine people's medicines administration record (MAR) sheets.

Between the 12 and 14 February 2019 we made telephone or email contact with 12 people receiving a service from this agency, six of their relatives or friends, four care workers and an external professional representing the local authority of Lambeth.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Regulations have been met, although some aspects of the service were not always safe. This meant there was an increased risk that people could be harmed.

Staffing and recruitment:

- The provider operated robust staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.
- However, we received mixed comments from people and their relatives about staff time keeping. Typical feedback included, "My carers are always on time and never miss a visit", "Sometimes they are [carers] on time and sometimes they're late. I would say our carers are usually late three or four times a week by more than half an hour in the mornings, which is about half their visits" and "Staff are often late and they've missed loads of calls in the last two weeks when they should have visited us. No one came yesterday or rang to say why." One person gave us several examples of occasions when they had felt their care workers sometimes had rushed their personal care tasks because they were under pressure to be on time for their next scheduled visit.
- In addition, most people told us they did not always receive continuity of care from the same designated individual or group of staff who were familiar with their needs, routines and preferences. Typical comments included, "This agency keeps changing my carers…It would be better if I had the same carers who knew what I wanted and liked", "I tend to get a lot of the same carers during week days, but at weekends its always new faces who I don't know" and "Carers are constantly being changed…You get use to one [carer] you like and before you know it you've got another new one." Several people told us they found it difficult to build good working relationships with their some of their carers because they were being continually changed.
- We also saw most of the formal complaints the provider had received in their first 12 months of operating related to staff being constantly late for their scheduled visits or changed.
- We discussed this staff time keeping and continuity issues with the registered manager. They told us they were in the process of introducing an electronic call monitoring (ECM) system that would enable the office based staff to keep a closer eye on staffs visit times. The new system would log the exact time staff started and finished their scheduled visits and automatically flag up when staff were late, left early or missed a visit.
- The registered manager also told us they had created a new managerial position within the organisation which meant from March 2019 they would have a 'deputy manager' who would take over the role of coordinating staff visits. As part of their new role the deputy manager would also be responsible for ensuring people received continuity of care from the same individual or group of staff who were familiar with their needs, routines and preferences.

• Progress made by the service to achieve both these stated aims of improving staff punctuality and continuity will be assessed at their next inspecting.

Systems and processes to safeguard people from the risk of abuse and learning lessons when things go wrong:
•□People told us the service was safe. Typical feedback we received included, "I feel safe when my regular carers visit us." People were supported to understand how to keep safe and to raise concerns when abuse occurred.
•□The service had effective safeguarding policies and procedures in place.
•□Managers and staff had received up to date safeguarding adults at risk training and knew how to recognise abuse and protect people from the risk of abuse. One member of staff told us, "I know from my training that I have to raise any concerns I have immediately with my manager if I witness or suspect people I support are being neglected or abused."
•□The provider had reported allegations of abuse to the relevant local authority safeguarding team and the CQC when they were identified.
•□Any accidents and safeguarding incidents that had occurred were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.
•□Staff understood the importance of reporting and recording any accidents and safeguarding incidents.

Assessing risk, safety monitoring and management:
•□People told us staff knew the risks they might face and how to manage them.
•□The service assessed risks to people's safety and well-being. Care plans included a wide range of risk assessments associated with people's individual health care conditions and needs, mobility, nutrition, taking their prescribed medicines, fire safety, their home environment and accessing the wider community.
•□Up to date risk management plans were also in place that ensured staff knew what action they needed to take to keep people safe from avoidable harm. For example, we saw safe moving and handling techniques and repositioning guidelines to reduce the risk of pressure sores. Staff had received training in moving and handling. This meant staff were familiar with the risks people might face and how to prevent or manage those identified risks.
•□Specialist medical equipment used by staff on scheduled visits, such as mobile hoists, were regularly serviced in accordance with the manufacturer's guidelines.

Using medicines safely:
•□Medicines systems were well-organised because the provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
•□Where people were being supported by staff to take their prescribed medicines, this was managed safely ensuring people were receiving their medicines when they should.
•□People's care plans contained detailed information about their prescribed medicines and how they needed and preferred them to be administered.
•□Staff had received training about managing medicines safely.
•□Audits were routinely carried out by the provider to check medicines were being managed in the right way.

Preventing and controlling infection:
•□People told us staff who handled and stored food on their behalf did so in a hygienic and safe way.
•□The provider had an infection control policy in place.
•□All staff had received up to date infection control and basic food hygiene training.
• Staff told us that personal protective clothing such as disposal gloves, aprons and shoe covers were

available to them when they needed them.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care 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.

Staff skills, knowledge and experience:
•□People were supported by staff who had ongoing training.
•□People, their relatives and friends told us the staff that regularly visited them usually had the right mix of knowledge, skills and experience to meet their personal care needs and wishes.
•□Staff induction procedures did ensure they were trained in the areas the provider identified as relevant to their roles, which was in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
•□Staff had also received up to date dementia, learning disability, mental health and epilepsy awareness training if they supported people with these assessed care and support needs.
•□Staff demonstrated a good understanding of their working roles and responsibilities. Staff spoke positively about the training they had received and felt it was always relevant to their role. One member of staff told us, "I have received the appropriate training, which helps me do my job", while another member of staff said, "I feel the training that I was given helped me support my clients."
•□Staff were given opportunities to review their individual work and development needs, which included regular one-to-one supervision meetings with their line manager and group meetings with their co-workers.
•□Staff told us they felt supported by managers and senior staff. One member of staff told us, "I have regular supervisions with my manager and feel supported by 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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

•□We checked whether the service was working within the principles of the MCA. We found no restrictions on people's liberty had been applied for and authorised by the Court of Protection.
•□People and their relatives told us staff always asked for their consent before commencing any personal care tasks.
•□People's care plans clearly described what decisions people could make for themselves.
•□Staff had completed MCA and Deprivation of Liberty Safeguards (DoLS) training. Staff confirmed they always sought consent from people when supporting them and they respected people's decisions.
•□The registered manager demonstrated a good understanding of the MCA and DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
•□People told us the registered manager had visited them at home to assess their personal care needs and discussed how they wanted their home care to be provided. This assessment was used to draw up people's personalised care plan that derailed a person's needs, abilities and choices.
•□Staff demonstrated good awareness of people's personal care needs and preferences. They told us care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet people's needs and wishes.
•□Care plans and risk assessments had been kept under regular review and updated accordingly.

Supporting people to eat and drink enough to maintain a balanced diet:
•□People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this.
•□The level of support people required with this varied and was based on people's specific health care needs and preferences. People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.

Staff supported people to live healthier lives, access healthcare services and support, and provided consistent, effective and timely care within and across organisations:
•□People told us staff supported them to stay healthy and well.
•□People's care plans included risk assessments, which ensured staff knew what action to take to help people stay healthy and well. For example, we saw detailed prevention and management plans were in place to help staff minimise the likelihood of people identified as being at risk of developing pressure ulcers, doing so.
•□Staff told us if they had any concerns about a person's health and wellbeing they would immediately notify the registered manager so that appropriate support and assistance could be sought from the relevant health care professionals.
•□Staff maintained records about people's health and well-being following each scheduled visit. This meant others involved in person's care and support had access to essential information about their health and wellbeing.

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:

- People and their relatives spoke positively about their regular carers and typically described them as 'kind' and 'friendly'. Feedback we received included, "The staff who usually visit me at home are all amazing", "I think the carers are fantastic…No complaints there" and "I'm very happy with my regular lot [staff]…They're alright."
- Information about people's spiritual and cultural needs and wishes were included in their care plan. The provider had equality and diversity policies and procedures in place.
- Staff had received equality and diversity awareness training. Staff demonstrated a good understanding of people's personal histories, cultural heritage and spiritual needs and wishes. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.
- The registered manager gave us several examples of how they had matched people with staff who shared the same African cultural heritage.

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

- People told us staff treated their relative or friend with respect and promoted their privacy and dignity. One person said, "The staff always respect my privacy and dignity whenever they provide us with any personal care."
- Staff spoke about people they supported in a respectful and positive way. Two members of staff told us how they upheld people's privacy and dignity by always ensuring toilet, bathroom and bedrooms doors were kept closed whenever they provided people with any intimate personal care.
- The provider had a confidentiality policy in place that helped protect people's privacy. Confidentiality training was mandatory for all staff to complete as part of their induction and guidance on the provider's confidentiality policy was included in the employee handbook.
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. A person's friend told us, "My [friends] two regular carers have just been amazing…Their positive attitude and enthusiasm help motivate my friend do more for themselves."
- People's care plans reflected this approach and included detailed information about what each person could do for themselves and what help they needed with tasks they couldn't undertake independently.
- Staff demonstrated a good understanding of what people could do for themselves and what they needed support with, for example moving and transferring, eating and drinking and taking their prescribed medicines.
- The compliance manager gave us a good example of how they had helped a person to develop their independent living skills by encouraging them to do more mobile around their home.

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

- People, or those acting on their behalf, were involved in helping to plan the package of personal home care and support they received. A relative told us, "They [the provider] have been very responsive in discussing changes to my [family members] support needs."
- Care plans included people's views about how they wished to be supported.
- People told us they had been given a guide about the standards of care and support they could expect to receive from this agency before they started receiving a home care service from them.

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:

- People received personalised care and support which was responsive to their needs and wishes. Care plans were person-centred and contained detailed information about people's life histories, strengths, likes and dislikes, and preferences for how they wanted their home care support to be provided.
- If people's needs and wishes changed their care plan would be reviewed and updated accordingly to reflect this. The registered manager told us care plans were reviewed at least six weekly for people receiving a reablement service and annually for people receiving long-term home care support.
- People were supported to make informed decisions and choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the home care and support they received. Several people and their relatives confirmed they had chosen the gender of the staff who provided their family members personal care.
- Care plans contained detailed information about the call times and duration of their scheduled visits and how they preferred staff to provide their personal care.
- Staff told us they respected people's right to make an informed decision about the care and support they received and gave us examples of how they promoted choice. One member of staff explained how they supported a person to make an informed decision about the meals they ate and clothes they wore each day by always showing them a varied selection of food and clothing to choose between during their visit.
- People's care plans included information about people's specific communication needs and what support they required from staff to ensure they were involved in planning their care. We saw evidence that the identified information and communication needs were met for individuals. For example, one care plan we looked at made it clear staff needed to speak slowly and ensure the home was free of any background noise when speaking to this person who was sensory impaired.
- Staff had received training in how to communicate effectively with the people they supported.
- The registered manager told us people currently using the home care understood information given to them in a written format, but they could produce information in various formats as and when required including, audio, large prints and different languages. The registered manager gave us several examples of how they had matched people with staff who spoke the same African or European language.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint about the service if needed. People told us they were happy with the way the service had dealt with their complaints. A relative told us, "The service responded really well and changed a carer my [family member] didn't get along with really quickly after we had complained", while another relative remarked, "When I did make a complaint, I felt the manager listened and took appropriate action to address the concerns I had raised on my [family members] behalf."
- The provider had a complaints procedure that was included in the service user's guide, which set out how they would deal with people's concerns and complaints.

•□A process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised.
•□Records indicated people were satisfied with the outcome of the providers investigation and action taken in response all the formal complaints the provider had received in the first 12 months of operating.

End of life care and support:
When people using the service had neared the end of their life, they had received compassionate support from this home care agency.
•□People's preferences and choices for their end of life care were clearly recorded in their care plan. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision.
•□The registered manager told us they worked closely with GP's, palliative care professionals from a local hospice and District Nurses to provide people with compassionate and supportive care when they neared the end of their life.

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.

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

- The service was well-organised. There were clear management and staffing structures in place, which included the CQC registered manager, a compliance manager who oversaw quality assurance, two senior care coordinators responsible for arranging staffs scheduled visits and four field supervisors who supervised small teams of three or four staff in a particular area of Lambeth.
- People receiving a service, their relatives and an external professional all spoke positively about the way the service was run. Comments included, "The registered manager has good leadership skills and really manages the staff well" and "I believe [registered managers name] to be an excellent leader who is very passionate and determined to do the right thing by her clients and her staff."
- The registered manager was knowledgeable about their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send us notifications about changes or incidents that affected people they supported.
- Staff told us they felt valued and well-supported by the management and senior staff team, and were confident in their ability to run the agency well. One member of staff said, "LifeCome care is a well-run home care agency and I'm pleased to be working for them", while another remarked, "This is a well organised home care agency, the managers do a good job."
- Several staff also told us there was good communication maintained between the managers, senior staff and the rest of the staff team.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their relatives.
- People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- They used a range of methods to gather people's views which included regular telephone contact, care plan reviews, observing staff working practices during scheduled visits and satisfaction surveys. Satisfaction surveys people had completed in the services first year of operation were mainly positive about the standard of home care support people received from this agency.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what this home care agency did well and what they could do better. This was through regular face-to-face contact with the managers, which included individual and group meetings. Staff said they liked working

for this home care agency and felt the managers listened to what they had to say. One member of staff said, "The managers do ask for our opinion at team meetings and listen to what we have to say about how we could make the service better."

Continuous learning and improving care:
•□The provider had established and operate effective governance systems to monitor and review the quality and safety of the home care service they provided.
•□The management team carried out a rolling programme of audits to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes managers routinely carried out 'spot checks' on staff during their scheduled visits. During these checks managers would assess staff's punctuality, interaction with the person they were supporting and their record keeping. They also used an electronic system to monitor when care plans and risk assessments needed to be reviewed and staff employment checks, training and supervision meetings required updating. In addition, managers looked at medicines administration records (MAR) every month to check they were being appropriately maintained by staff.
•□ The registered manager told us they used theses checks to identify any issues and learn lessons to enable them to develop an improvement action plan to reduce the risk of similar incidents reoccurring. For example, the provider had taken appropriate action to remind staff to always sign MAR sheets after administering medicines. Medicines records we looked at indicated this action had resulted in a significant decrease in the number of medicines recording errors.
•□In addition, the provider had established quarterly management board meetings, whose members included the services managers and staff. These boards routinely analysed what the service did well and what they could do better. We saw actions plans had been developed based on discussions that had taken place at these board meetings to improve the standard of home care and support this agency provided. This demonstrated the provider was forward thinking and continually trying to improve the standard of care they provided people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
•□The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles. This helped the manager gauge staff's understanding of the provider's values, share information on 'best practice' and monitor how well staff were following guidance.
•□Managers followed up the occurrence of any accidents, incidents or near misses involving people receiving a home care service and had taken appropriate action to minimise the risk of them reoccurring. The compliance manager gave us a good example of how they had increased the frequency of direct observations they carried out on some staff during their scheduled visits after it was found they were not always wearing their identity badges or uniforms.

Working in partnership with others:
•□The provider worked closely with various local authorities and community health and social care professionals to ensure staff followed best practice.
•□The provider was in regular contact with hospital based medical professionals, community GP's, District nurses, speech and language therapists, palliative care specialists, occupational therapists and social workers.
•□The registered manager told us they welcomed the views of the external professionals and routinely shared information about people's changing needs and best practice ideas. This ensured staff received all

the external health and social care professional guidance and advice they required to meet the needs of the people they supported.