

All Care Plus Limited

Allcare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Allcare is a domiciliary care service providing personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care we also consider any wider social care provided. At the time of the inspection the service was supporting a total of 37 people, all of whom received support with personal care.

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

Overall people were happy with the care and support they received and the staff supporting them. However, people and their relatives raised issues about early, late or occasional missed calls. A lack of communication about delays was an added factor. The registered manager provided information to reflect the service employed enough staff to meet the demands of the service. However, the system used to arrange, and monitor visit times was not being utilised effectively to ensure people were receiving a consistent and reliable service.

We have made a recommendation about effective governance and oversight of the service.

People told us they felt safe using the service. Where people needed support with medicines, access to healthcare and to eat and drink this was managed well. People and their relatives told us the service had overall managed the COVID-19 pandemic well.

The registered manager told us recruitment of new staff during the COVID -19 pandemic had been challenging but had they had worked hard to ensure staff recruited were suitable to work with people who used the service. Staff received a wide range of training which gave them the skills and knowledge to carry out their roles and applied this learning effectively which led to people receiving good quality care.

People were treated with dignity, respect and kindness. Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. 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. Peoples communication needs had been assessed and their needs recorded in their care and support plans. These detailed how each person communicated, and aids used to assist communication.

No one using the service required end of life care at the time of this inspection. The service had received four compliments thanking staff for the care and support provided to people on end of life care before they had sadly passed away.

Systems were in place to ensure lessons were learned and improvements made when things went wrong. Safeguarding incidents, and complaints were investigated, and formal apologies had been provided.

Rating at last inspection

Allcare was previously registered with CQC as an individual provider in October 2010. On 31 January 2020 the provider changed their legal entity from an individual provider to a limited company, All Plus Care Ltd with this one location, Allcare, and this will be the first inspection. The last inspection of Allcare under the previous registration was undertaken on 12 December 2016. The overall rating was Good.

Why we inspected

This was a planned inspection to check the safety and quality of the care people received.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allcare on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our responsive findings below.

Allcare

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors between 18 and 24 March 2021. A third inspector and an assistant inspector supported the inspection making telephone calls to staff. An Expert by Experience spoke with people and their relatives over the telephone. 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 is a domiciliary care agency. It provides personal care to people living in their own houses.

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

This inspection was announced. We gave the service 24 hours' notice of the office inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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.

We reviewed information we had received direct from the general public and safeguarding concerns about

the service since the service was registered in January 2020. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager and nine members of staff including the care coordinator, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and two staff files in relation to recruitment, induction and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People told us, they were happy with the care and support they received and the staff supporting them. However, people and their relatives raised issues with us about inconsistent visit times.
- The system used to arrange, and monitor visit times was not being utilised effectively to ensure people were receiving a consistent and reliable service. This was a management issue, rather than a staffing issue and is reported on in the well led section of this report.
- The registered manager provided information to show they regularly reviewed staffing levels and adapted them to provide care and support to people across geographical areas. All staff spoken with told us there was enough staff employed to meet the number of people using the agency.
- The recruitment and selection process in place ensured staff recruited had the right skills and experience and were suitable to work with people who used the service.

Preventing and controlling infection

- People and their relatives told us the service had managed the COVID-19 pandemic well. Comments included, "I feel very safe with staff, they all wear masks, gloves and aprons, I would say I have no safety issues with them at all," and "Staff are very COVID-19 safe and wear all the necessary PPE." However, one relative raised concern about disposal of PPE.
- We discussed disposal of PPE with the registered manager and found they were following wrong guidance. We directed them to the Department of Health (DOH) national guidance for personal protective equipment (PPE) for care workers delivering homecare. They told us they had been given wrong advice about disposal of PPE and took immediate action to update the policy and procedure and cascaded the correct guidance to staff.
- Staff confirmed when guidance changed, they were sent a message via their phone, and in writing. One staff commented, I think they have been fantastic at managing COVID-19. The registered manager has been very quick to inform us when the guidelines change."
- Staff confirmed they had received infection prevention and control training and had access to the PPE they needed to keep them safe. Comments included, "I had access to all the PPE I needed, I never run low," and "I have never once been out of supplies, everything I need is available."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person told us, "The staff make me feel safe and seem to know what to do."
- Relatives told us they felt their family members were safe. Comments included, "Yes, my [Person] feels very safe with staff," and "Staff all stick to the COVID-19 rules and I know my [Person] feels safe with all of them. They all seem to know what to do and they are a great help to [Person] and to us."

- Staff had a good understanding of safeguarding processes to keep people safe and how to report concerns.
- The registered manager was aware of their responsibility to raise safeguarding concerns and liaise with the local authority.

Assessing risk, safety monitoring and management

- Relatives told us risks to people were managed well to keep them safe. One relative commented, "My [Person] needs to be hoisted to transfer, there are always two staff, they are experienced in using a hoist and one always takes the lead, it is all done very well."
- Staff confirmed they had received practical and computer based (eLearning) training to ensure they had the knowledge and skills to safely carry out their roles. One member of staff told us, "We are trained on how to use all the moving and handling equipment. We also have laminated sheets with details about what sling and which loops to use to maximise the persons safety and comfort."
- Systems were in place to check staff were managing risks to people in line with their individual assessments. A sample of competency assessments confirmed staff practice and behaviours were periodically 'spot checked' to ensure they were working safely. Staff commented, "They (senior staff) spring up at any time, any place," and "Seniors come out to observe me using equipment, administering medication, changing continence pads and ensure I am supporting people to eat and drink properly."

Using medicines safely

- People and their relatives were confident their family members received their medicines when they needed them. One person told us, "The staff ensure I take my medicines and insulin jabs."
- The registered manager told us, not many people needed support with their medicines, as their families took an active role in this aspect of their care.
- Where the service was responsible for administering people's medicines, staff confirmed they had completed training and had their competency assessed by senior staff to ensure they managed medicines consistently and safely.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned and improvements made when things went wrong. The registered manager told us following a recent safeguarding investigation they had retrained all staff to ensure they were competent to use moving and handling equipment.
- Each member of staff had had their competency assessed to ensure they had understood the training provided and were able to demonstrate they had the skills and knowledge to use the equipment and safely transfer people.
- Conflict management training had been arranged to support staff when dealing with difficult situations, and or relationships with people.

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.

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

- People's care and support was planned and delivered in line with current guidance, standards, best practice, legislation and best use of technology. This was demonstrated in a review of care records and discussions with people, their relatives and staff.
- Before using the service, an assessment of need was completed. This assessment combined with the local authorities individual service placement assessment provided a comprehensive plan of each person's needs and expected outcomes.
- Staff applied learning from the training they had received effectively which led to people receiving good quality care. One member of staff commented, "Of all the companies I have worked for, Allcare have the people's best interests at heart."

Staff support: induction, training, skills and experience

- People's relatives told us they were confident staff had the skills to support their family members. Comments included, "Staff help with medicines and preparing meals, it's all done very well and recorded, they all seem very well trained and know what to do," and "The staff are all very well trained and professional and know what to do to meet my [Person] needs."
- Staff told us they received a wide range of training that gave them the skills and knowledge to carry out their roles. One member of staff told us, "I have a lot of training, including mental health, it was very intense, a lot of training is online, but our knowledge is tested with a question and answer section at end of training."
- New staff completed an induction when they first started working for the agency, which included completion of The Care Certificate (nationally recognised training in health and social care), as well as other training specific to their role, and shadowing an experienced member of staff. Comments included, "I felt the induction covered everything", and "The induction gave me the skills and knowledge to carry out my role. I was told I was not expected to lone work until I was confident and was able to continue shadowing staff until I felt ready."
- Staff confirmed supervision and appraisal were used to develop and motivate them, review their practice and focus on their professional development.

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

- The majority of people using the service were able to manage their own dietary needs or had relatives to support them with their meals. Where people needed support to eat and drink, they and their relatives were complimentary about the support staff provided.
- Staff knew people's specific dietary needs and the support they needed to eat and drink. Comments included, "Assisting the same people on my round means I get to know them, and what they like. As I do the

morning and lunch visits, I can help them plan their meals, and cook fresh where I can, such as preparing a lamb stew, which I can pop in the oven and its ready for their midday meals when I return," and " I supported a person to change their diet to eating healthier foods, and as a result they lost a significant amount of weight, which significantly improved their mobility and quality of life."

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

- People told us they or their relatives managed their healthcare needs. One person told us, "I deal with any GP stuff myself and have a private chiropodist come to the house."
- The registered manager told us where needed systems were in place for referring people to external services. They had regular communication with health professionals, including the nursing team, to help manage people's health care needs, if a situation arose.
- Staff told us if they identified or a person reported to them anything that affected their health and wellbeing, they would either report this directly to the senior staff in the office, or contact 111, or the persons GP for advice.
- Staff worked well with other professionals to ensure people had access to healthcare services. One member of staff told us, "The person I support has swallowing difficulties, and we have to take care when assisting them to eat and drink. They have regular appointments with the speech and language team, who provide recommendations for us to follow."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care needs assessments identified if they had capacity to make decisions about their care. Where people had been deemed not to have capacity to make such decisions, relevant people, such as social workers and family had been involved to agree the level of care required in the persons best interests. One relative commented, "The staff know what to do for my [Person] and they always ask their permission before they start to do anything."
- Staff had variable understanding of the MCA but did know what they needed to do to make sure decisions were taken in people's best interests and ensure the right people were involved. One member of staff commented, "People need to be involved as much as they are mentally able to be about their care. If they lack capacity it is about having their best interests at heart and involving their family."

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

- People using the service and their relatives told us staff treated them with kindness and respect.

Comments included, "All the staff treat my [Person] with respect and dignity," and "I cannot fault the carers at all, they all seem well trained and always treat me with respect, they always ask me if there is anything else I need."

- Staff had good insight to people's needs and how to provide their care. One relative told us, "Staff suggested using a slide sheet to help move my [Person] in bed with less discomfort. Now all the staff have been trained and know how to use the slide sheet."

- Staff had a good knowledge of people's likes and dislikes and what they could do for themselves. One member of staff told us; I always get to know people before starting to provide their care. For people new to the service, I phone the office for background information to establish their immediate needs and capacity. The care plan also tells me what I need to know, but I never assume their capability until I have met them, and get to know what they can, or cannot do for themselves."

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

- People, and their relatives told us they were able to express their views and be involved in making decisions about their (people's) care. One relative commented, "All the staff are very caring and seem to enjoy what they do. They treat my [Person] with compassion and dignity and ask them if what they are going to do is okay. At the start of using the service we requested only female carers, and this is what we have, my [Person] just feels more comfortable with females helping them."

- Staff understood the importance of involving people in their care. Relatives feedback confirmed this. Comments included, "The staff are all caring to my [Person], they treat them with the utmost respect and dignity and will always ask them if they want something done," and "I know my [Person] finds all the staff very caring and we know they will always suggest something if they think it will help them."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. One relative commented, "The staff treat us respectfully. They always knock before they enter and ask my [Person] if it's okay, before they help them with their care."
- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. Comments included, "If people ask for privacy, I respect this, and tell them to give me a shout, if they need help," and "When washing a person, I put a towel over them, if they can wash themselves, I hand them the towel or the shower so they can do it themselves, promoting their independence is very important."

- People confirmed they were supported to maintain their independence. One person told us, "All the carers are very caring and look after me well. They let me do as much for myself as I can, and they try to promote some independence for me. They are all nice to me."
- Staff understood people's protected characteristics, such as age, disability, religion and sexuality. One member of staff told us how they were learning words and phrases to support communication with a person whose first language was not English. One member of staff commented, "I have learnt about people's different cultural beliefs and respect these when providing their care."

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 records reflected they had been involved in planning their care. This included the support they needed to manage their physical, mental and emotional needs. One person told us, "I was involved in the care plan and they [staff] seem to stick to what it says."
- Where people had not been able to make these decisions themselves, relevant people of authority, namely family members, those with power of attorney and or social workers had been involved. One person told us, "My [family member] was involved in my care plan at the start and it's all done properly." Relatives comments included, "I was involved in [Person's] care plan and it's all easy for me to understand," and "I was involved in my [Person's] care plan at the start and it's all adhered to as much as possible."
- Staff knew people's needs well and responded promptly where changes in their circumstances were identified. Comments included, "People's needs can change daily, such as changes in their mobility or medication. We are kept up to date by the senior's and manager," and "People's needs are reviewed every visit, no two days are the same, if there are changes we need to be aware of they are sent to us via a text message."
- The registered manager told us they organised the rota according to people's and staff's geographical area, which enabled them to provide small teams of consistent staff. One member of staff told us, "Allcare have got it right, we work as a team, they do match us up well, they try to get the right care to the right person."
- Staff confirmed they maintained regular rounds which enabled them to develop relationships with the people they supported and their families. Comments included, "I genuinely enjoy going into people's homes and making a difference. I really love that one conversation can brighten up their whole day," and "I find familiarity is very important, assisting the same people means I can plan ahead, which gives me time to sit down and have a chat, for some people we are their only port of call."

Meeting people's communication needs

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

- People's communication needs had been assessed and their needs recorded in their care support plans. These detailed how each person communicated, and aids used to assist communication, including assistive technology. For example, personal alarms linked to local response services and equipment designed to assist people to communicate where they had no verbal speech.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and investigate complaint and used to improve the quality of the service.
- People, and their relatives told us they knew how to complain. Comments included, "If I had to complain I feel I could, but they provide us with a very good service, so I don't need to. If anything arose that concerned me, I would ring the office and let them know, they seem very easy to talk to," and "We have not had to complain about anything so far. If I did have any problems, there is a number to call but so far we have not had to complain about anything."
- Where people, or their relatives had complained, these had been investigated, and a letter apology and an explanation provided, with the action taken to resolve the issue. One relative told us, "I know how to raise issues, I feel quite confident about ringing the office as they are always quick to respond, so would not have any problem about raising any complaints."

End of life care and support

- No one using the service required end of life care at the time of this inspection. The registered manager shared seven compliments received about the service, four of these thanked staff for the care and support provided to people at the end of their life. One compliment, praised a member of staff for going above and beyond with the care provided to their relative, commenting "My [Person] was agitated and in considerable pain and their condition deteriorated to the point the carer felt it was time to consider end of life support. They spent three hours on the phone seeking support from appropriate services, which saved my [person] from further suffering."

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 Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements were needed to ensure that the governance systems were effective at improving the quality of the service. For example, whilst people were positive about the care they received, opportunities were missed to improve the service by exploring reasons for late arrivals and lack of timely communications about this.
- Six out of 10 people and relatives spoken with raised issues with us about visit times. Comments included, "Staff are always in a rush and often late. The staff, or office never ring to tell us they are going to be late," and "Never stick to times I have requested, I never know who's coming, I used to get a rota, but not now, it keeps changing."
- People and their relatives also told us a lack of communication was an added factor. Comments, "It's the office, there is a lack of communication, we used to have a regular carer, but they haven't been now for a while it would just be nice to be told," and "The carers are very nice, it's not their fault that the office mess us about."
- The registered manager told us they were disappointed with the feedback as they had worked hard to ensure rotas were planned around people's needs. They completed a two-week rotating schedule aiming to keep people at regular times with regular carers. Rounds were allocated across a geographical area to enable staff to achieve agreed visit times and they were expected to ring the office if they were running more than half an hour late, for cover to be arranged.
- The service used a computer-based business management system to schedule visits. Carers had a web-based app on their phones that linked with the system to access information about visit times. The app also included a clock for staff to log in when they arrive and leave a person's home. However, we found this system was not being used to its full potential, to monitor punctuality, duration of visits and missed calls.
- The care coordinator told us the system factored in travel time between visits, but this does not allow for delays due to traffic or emergencies. The registered manager also told us, "Call times vary between 30 to 45 minutes, with a 30-minute time allowance either side of agreed visit times. People we spoke with were not always aware of this 30-minute leeway. The registered manager advised people were informed before they start providing a service, however this was not identified in the terms of business provided."

We recommend the provider needs to review its use of technology to improve the promptness of calls and drive improvements.

- The registered manager provided an audit document they completed on a monthly basis. We reviewed the

last three audits, January to March 2021 which included reviews of care records, infection control, health and safety, medicines, equipment checks, the number of safeguarding concerns, complaints, but failed to review visit times and missed calls.

- Senior carers were employed as part of the management team to assess people's needs and ensure care staff were providing a good standard of care. The registered manager had regular contact with seniors to ensure they understood their roles and responsibilities to assess and monitor people's needs and staff performance.
- Staff told us they felt respected, valued and supported by the management team. Comments included, "The manager is very approachable; I feel confident in going to them and the care supervisors. They all really approachable. I haven't felt this happy in a job in ages." and "It's a small business, all the seniors have worked with customers, they know the rounds, know the people, they are not stuck in office, they are on call at weekends, still on shop floor, and they understand where we are coming from."

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

- Although there was a section on the monthly audit form for satisfaction, there was no information to reflect if the views of people using the service, their relatives, external partners and other stakeholders had been sought.
- People and their relatives were mixed about whether they had been asked for their feedback about the quality of the service. Comments included, "I fill in a questionnaire about every six months, but nothing happens as a result of that," and "Sometimes they send a questionnaire, but I am not sure what happens about that."
- Failure to engage with people on a regular basis was a missed opportunity to identify and address the issues people raised with us about visit times.

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

- The provider's statement of purpose sets out the aims and objectives of the service so that staff know what was expected of them. These included, but were not limited to, providing care and support of the highest standard, enabling people to have control over their own lives, maintain their independence, and recognise and uphold people's right to dignity and privacy.
- Staff intuitively were providing care in line with the values of the company but were unable to tell us what they were, other than they thought they were in the staff handbook.
- Staff told us there was a positive culture in the service. Comments included, "The manager has always had an open-door policy, this past year has been difficult for all and they have supported us all. They are very approachable," and "Morale amongst staff is pretty good, I would say at the moment, it's the best, bunch of girls, particularly the ones in the office, they are very supportive, they help us out. Just have to call and they help straight away, best it's ever been."

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

- Systems were in place to ensure the provider and registered manager acted in accordance with their legal responsibility in relation to the duty of candour when required.
- The registered manager understood their responsibility to be open and transparent about events that happened in the service. Safeguarding incidents, and complaints were investigated, and lessons were learned when things went wrong, and formal apologies had been provided. The registered manager told us they saw such incidents as an opportunity to engage with people and their relatives to make improvements to the service.

Working in partnership with others

- The registered manager was committed to working alongside relevant external stakeholders. They told us they had good relationships with the local authority quality improvement team, placement team, social workers and nursing teams.
- The registered manager provided an example where they had worked well with other professionals to ensure people received joined up the care and support, they needed. For example, where it had been identified there was a vast decrease in a person's mobility, they had liaised with a social worker to obtain a hospital bed, and hoist and reviewed their care, to reflect they now required additional support to provide palliative care.