

Methodist Homes Starr Hills

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Starr Hills is owned by Methodist Homes and offers personal care to older people. Set on two floors all bedrooms are single with en suite facilities. A passenger lift is in place and ramps are situated at exit and entry points. An enclosed garden area is at the front of the home. Registered for 36 People. There were 36 people living at Starr Hills at the time of the inspection visit.

People's experience of using this service:

The culture of the Starr Hills continued to be extremely caring, compassionate, respectful and empowering which reflected the values of the service. There was a strong recognition that people were treated as individuals. All people who lived at the home and relatives spoke highly of the caring attitude of staff. One person who lived at the home said, "Fantastic place, fantastic caring staff and fantastic manager. What else can I say."

We observed and found many examples how Starr Hills continued to excel at their responsiveness to people's needs, choices and wishes. One person who lived at the home said, "It was so refreshing that they let me make my own decisions and went through things together, an excellent home." Records were extremely personalised with agreed goals to help each person maximise their independence and life-skills. People were assisted to retain their vital family relationships.

It was clear staff morale was excellent and everyone was committed to ensuring people received care and support based on their preferences and life choices.

The staff and management team continued to present as outstanding in the way they worked with each individual to establish their strengths. They empowered people to make their own choices and decisions. This was confirmed by people who lived at the home and relatives we spoke with.

Starr Hills continued to have exceptionally high levels of staffing and skill mixes, which were deployed in innovative ways so they could respond to people's needs and choices. One person who lived at the home said, "They have a lot of staff around which means when I want to go out or spend time to do things there is always someone available."

The aim at Starr Hills centred on promoting people's individual and cultural needs. This included outstanding training to support staff in person-centred care and diversity and understanding so staff were aware of what high standards looked like.

People who lived at Starr Hills and relatives we spoke with felt extremely confident in the management team and how the service operated. They told us excellent staffing levels afforded people responsive and dignified support.

Staff at Starr Hills were highly committed to ensuring people experienced fulfilling lives and were protected from social isolation. The whole ethos of people's care was individualised and focused on promoting people's independence as well as their physical and mental well-being. People were empowered to make their own choices and staff were highly motivated. This meant they were able to achieve very positive outcomes for people.

People who lived at the home told us the quality and choices of food provided was very good. Healthy eating was promoted. Meal times were relaxed and organised around people's individual daily routines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We found staff worked within the same Mental Capacity Act framework they had at the last inspection by CQC.

People's care and support had been planned proactively and in partnership with them. They felt consulted and listened to about how their care would be delivered.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people who lived at the home received medication safely.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys to seek their views about the service provided. Recent surveys only produced positive comments about the home.

More information is in Detailed Findings below.

Rating at last inspection: Outstanding (31 January 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated outstanding 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 or if any issues or concerns are identified.

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?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

Starr Hills

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: Consisted of an adult social care inspector and an expert by experience. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service.

Service and service type: Starr Hills is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

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 comprehensive inspection visit took place on 19 February 2019 and was unannounced.

What we did: Before our inspection we completed our planning, tool and reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning departments who used Starr Hills. We also contacted other health and social care organisations such as Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Starr Hills.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is

information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about Starr Hills. They included 11 people who lived at the home, four relatives/friends and the registered manager. We also spoke with two senior staff, five care staff members and the cook. In addition, we spoke with the activity co-ordinator for the service.

We looked at records relating to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Starr Hills in ongoing improvements. We also looked at staffing levels, recruitment procedures and the environment. We checked care records of one person who lived at the home and documents related to the safety of people who lived at Starr Hills.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People who lived at Starr Hills were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The management team had effective safeguarding systems to support people. Staff we spoke with had a good understanding of what to do and who to report concerns to. This helped ensure people were protected from harm or abuse.
- People who lived at Starr Hills told us they felt safe in their care. Comments included, "It is a safe secure home that is how I feel here." A relative said, "I always sleep easy knowing [relative] is safe"

Assessing risk, safety monitoring and management

- Staff spoken with understood where people required support to reduce the risk of avoidable harm. Care plans we looked at contained explanations of the control measures for staff to follow to keep people safe and reduce risk of incidents.
- Staff understood where people required support to reduce the risk of avoidable harm.
- People were supported to take positive risks to aid their independence. For example, a number of people who lived at Starr hills were encouraged to go out in the local community on their own. One person said, "I go out when I can and enjoy a walk along the promenade."
- The environment and equipment had been assessed for safety. This was confirmed by documentation we looked at.

Staffing and recruitment

- Staff continued to be recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks from records we looked at.
- We looked at how the service was staffed and they continued to provide staff with different skills to support people. In addition, extra staff were deployed when people required specific support such as on a one to one basis. Staff spoke with confirmed levels of personnel were sufficient to ensure people had a good quality of life.

Using medicines safely

- They continued to have suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Staff completed daily checks and the management team undertook regular audits. Any actions needed were identified and completed to improve medicines management at the service.
- We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the

registered manager had systems to protect people from unsafe storage and administration of medicines.

Preventing and controlling infection

- We walked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. This meant risks were reduced from potential infection when staff supported people with personal care and undertaking cleaning duties.
- Staff had completed infection control training and followed good infection control practices.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the service. Where they occurred any accident or 'near miss' were reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. The registered manager discussed accidents/incidents with staff as a learning opportunity.

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.

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

- Staff applied learning effectively in line with best practice. This benefitted the quality of life for people who lived at Starr Hills. People who lived at the home and relatives we spoke with confirmed this.
- Care records were reviewed and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.
- People were assessed before they moved into Starr Hills to check their needs were understood and could be met by the service.

Staff support: induction, training, skills and experience

- All staff we spoke with told us training was accessible, any additional training they identified to support their role would be provided by the management team.
- We found the registered manager continued to provide a wide-ranging training programme provided in different formats such as online, face to face and group sessions. This helped to enhance and develop staff knowledge to ensure they had skills to support people. This was confirmed by talking with staff.

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

- People who lived at the home told us they were provided with healthy and quality meals and snacks. One person said, "Great meals and lots of choice."
- Kitchen staff were aware of any specific dietary requirements. For example, if people needed their food to be blended to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- If people were at risk of declining health due to poor food and drink intake staff monitored what they consumed and had a plan to support the person.

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

- Staff continued to work with other healthcare services to maintain their continuity of care. This included GPs, specialist hospital and community services and social workers.
- Staff had recorded the outcome of visits or appointments and noted required actions to manage the person's ongoing support.
- People were encouraged to stay healthy by promoting healthier lifestyles. Staff supported people to continue to mobilise independently to ensure they had choices and made their own decisions within a risk framework.

- The management team engaged with other organisations to help provide consistent care.

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

- The building provided people with choices about where they spent their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- The management team had systems to identify, record and meet people's communication and support needs. This was so they could adapt the service to ensure people received the right care.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew the process to safeguard people who did not have capacity. Records we reviewed included an assessment of capacity and best interest decisions. Throughout our inspection, we observed people were supported to make their day-to-day decisions.
- Decisions taken on behalf of people who were unable to make decisions for themselves were done in line with the best interest process. Where possible friends and relatives who knew the person well were involved in the process.
- People were asked for their consent before any care was delivered. People who were able to had signed their care plans to indicate they were in agreement with their planned delivery of care.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People who lived at the home and relatives we spoke with told us they experienced exceptionally high standards of care and were treated like 'royalty'. Other comments included, "The way they treat [relative] is unbelievable, they are truly wonderful people all that work here." A person who lived at the home said, "Fantastic place, fantastic caring staff and fantastic manager. What else can I say."
- Staff continued to provide care and support that was exceptionally compassionate and kind. This was confirmed by everyone we spoke with. For example, one person who lived at Starr Hills was interested in the history of their family. Staff recognised this and went out of their way to accommodate the person to research their past by resourcing information. This involved visiting local libraries and hours of research which some staff did in their own time.
- The culture of Starr Hills continued to be exceptionally caring, compassionate, respectful and empowering which reflected the values of the service. There was a strong recognition that people were treated as individuals. A staff member said, "It is all about the person and ensuring people are treated equally and reach their potential with their own choices."
- The ethos at Starr Hills continued as of the last inspection. This was centred on promoting people's individual and cultural needs and rights. Policies and procedures were instilled in staff and the management team promoted each person's right to individuality, autonomy, dignity and fulfilment.
- An example of the registered manager's outstanding approach was a programme in place of multiple training sessions related to equality, diversity and human rights. The programme provided guidance in person-centred care, respect and dignity. Staff told us how this helped them have a better understanding to support and treat people.
- Care records reflected important information in relation to each person's dignity and privacy. It was clear care records and the attitude of staff was to ensure support given to people who lived at Starr Hills was personalised and respected.
- We received extremely positive comments from social care professionals about the care and support given to people at Starr Hills.
- One social care professional explained how one person very reluctantly moved to Starr Hills following a breakdown in the community. The person was isolated and had mental and physical health issues. Staff immediately became aware of the situation and action was taken by the management team to provide extra staffing to spend time with the person. The plan was to engage with them to help build relationships and confidence. The social care professional commented, "When I visited a few months later I was amazed it was the same person. The change in their appearance was remarkable. They were smiling, had gained weight, chatty and active within the home and now goes out regularly with staff." A member of staff said, "What a turnaround it makes me so proud and pleased to see [person] enjoying life again."

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

- People who lived at Starr Hills and their relatives confirmed they were consulted about the care and support and contributed to how their care would be delivered. A relative said, "Communication is excellent. They keep me in the loop and enable us to make our own choices. A brilliant manager and brilliant place to be."
- Relatives told us they were encouraged to attend reviews and visit anytime. Any query or issues and the registered manager contacted them.
- Some people who lived at the home required aids to help them communicate effectively. For example, hearing aids or spectacles so they could be understood and make decisions. This was recognised by the staff team and supported. A relative commented, "They were excellent we were all involved and they recognised [relative] had a problem with hearing and went out of their way to sort it out. [Relative] has been marvellous since then and much more comfortable around people."
- There was information available about access to advocacy services should people require their guidance and support. The registered manager had information available for people. This ensured their interests would be represented.

Respecting and promoting people's privacy, dignity and independence

- We found many examples of how staff supported people to improve their independence and confidence. One example was comments we received from a relative about how staff supported their relative to walk following admission to the home with no mobility. "It is remarkable to see the improvement in [relative]. To see them walking on a visit was amazing I did not think he would walk again it made me cry."
- The registered manager and staff supported people to maintain their lawful rights as set out in the Human Rights Act 1998. For example, they assisted those who lived at Starr Hills to retain their 'Freedom of thought, conscience and religion', Article 9 of the act. They achieved this through recording each person's spiritual needs and helping them to access relevant services.
- People's privacy was respected. For example, when staff supported people with personal care in their rooms, staff ensured doors were shut to make sure they were not disturbed and protected people's privacy and dignity.
- Starr Hills continued to employ a chaplain who spent time with people in the home. We found evidence the impact the chaplain had on individuals had been very positive. For example, people who lived at home told us the chaplain supported them to follow their chosen faith and provided information for them. One person who lived at the home said, "He provided me with so much help despite not being of the same denomination. He made me feel so happy and respected my faith."
- By talking with people who lived at the home and their relatives it was clear staff continued to have a deep understanding about the principles of dignity in care. For example, we observed many instances during the inspection visit of staff talking with people sensitively and quietly with no rush. This was to respect their privacy and dignity. One person we observed was a little distressed and agitated. A staff member sat with them and gently led them to a private area, held their hand and spoke with them for a long period of time. The person was settled and joined in the history activity in the afternoon. We later saw the person smiling and walking back to a group of people and joined in with conversation. A staff member said, "Time does not matter if someone is a little upset it is all about them."
- We found that privacy, dignity and independence were important parts of the care planning process for people. This was noticeable during the provision of intimate personal care and the promotion of people's abilities.
- To achieve this the registered manager told us they designated extra staff to work with the person on a two to one basis at times. This was to encourage and support the person. A staff member said, "To see [person] walk independently following so much effort by staff and support from the manager was fantastic."
- Starr Hills again retained an award for being in the top 20 care homes in the north west on an internet

website for care and support towards people. This meant people had written to express their views. They were extremely complimentary remarks about care and support provided by the staff and management team at Starr Hills. They received a score of 10 which was the maximum score they could receive. This was calculated from reviews received by people who lived at the home.

- There were many examples of staff encouraging people to be more independent, which went over and above their duty to provide their time and efforts. For instance, extra staff supported a person with their time when they moved in to the home. They said, "It's a big step to move into a home but this home allows me independence when I need it. The staff are superb. Nothing is too much trouble. They have helped me enormously. "

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The service demonstrated an extremely compassionate awareness and understanding to end of life care. They continued to follow their excellent principles as at the last inspection and to improve their end of life support for people.
- The chaplain and management team had added to their outstanding processes for people on end of life care. For example, they developed their 'end of life box' to contain wooden crosses so they could remain with the person on their final moments. This was at the request of people and relatives.
- This box continued to contain a prayer book (if appropriate), music compact disc (CD) player with relaxing music, massage oil, scented candles and a book of comforting phrases. In addition, for relatives that liked to remain with their loved ones the service offered a bed for the night. This was also supported by a night time 'snack menu' available 24 hours for relatives. This had been further developed to add more choices for people.
- One person's final wish was to go down to the sea and hear the waves. Unfortunately it was not possible. However, staff went out of their way to source a CD with the sounds of the sea. They took this into the person's room and played the music and sat with them. A staff member said, "A beautiful smile came across [person] face and they said, 'I can hear the sea, wonderful'." A visitor to the person said, "How wonderful and soothing for [person]."
- To continue to improve end of life care and promote equality and recognition of other faiths and denominations the chaplain expanded end of life care support to other faiths. They now added a brief guide to end of life practices in each of the major world faiths. This would be appropriate should people from different faiths at the home be on end of life care.
- When people were receiving end of life treatment specific care plans were developed and they had evolved from the last inspection. This was to ensure people were made comfortable and received the right care and attention and the service kept up to date with end of life guidance and practices.
- Evidence by speaking with staff confirmed to us they received training in end of life care training programmes we looked at identified this. This demonstrated the registered manager understood the importance of providing end of life support and how this should be delivered. At the time of our inspection visit, none of those who lived at Starr Hills were on end of life care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The staff and management team continued to present as outstanding in the way it worked with each individual to establish their strengths. They empowered people to make their own choices and this was confirmed by extremely positive comments from people who lived at the home, visitors and health professionals.
- For example, a recent meeting with people who lived at Starr Hills highlighted more activities were

requested at weekends. Staff reacted to this by supporting a person who wanted to organise a game for about 20 people and take charge of the event. Extra staff were deployed to facilitate the person. It was a success and the person who organised the event said, "I feel very proud I was able to organise something like that." The person spoke about the event to staff and told them it had been a 'massive' impact upon their self-confidence and looked forward to future events.

- Care records we looked for people who lived at the home continued to be well maintained and in great detail. They demonstrated a person-centred approach to plan and support people to meet their needs. For example, care records contained physical, mental health, social and personal care needs.
- In addition, they highlighted where the involvement of the person was recognised.
- Plans also contained each person's history and preferences so that staff had information that would support them to provide quality care.
- Staff continued to go out of their way to support people to follow their interests and make their own choices. For example, people who lived at Starr Hills told us they were now able to use equipment, such as computers so they could pick and choose items they wanted and watch their chosen entertainment. One person who lived at the home said, "The effort the staff have made to enable me to use the computer was fantastic. I am still learning but it has given me so much joy and choice, wonderful."
- Another person said, "I used to go out to the rotary club but I have stopped now. I can get all the fantastic entertainment here."
- Care delivery remained extremely focused on maximising the best start for people who chose to live at Starr Hills. Comprehensive pre-admission records included meetings with the person, relatives and other interested parties prior to moving to the home. There was a real determination to continue to ensure people's needs were met and personalised to the individual.
- Staff told us this also helped a smooth transition into Starr Hills and reduced the risk of a failed placement. A relative said, "Right from the start everyone at the home were fantastic, it was all about [relative] and their needs."
- The registered manager continued to provide high staffing levels and skilled staff to give invaluable support to people's social wellbeing. A staff member said, "We go over and above for staff at times so that people can choose individual interests that require more support." For example, this meant people could go out in the local community whenever they wished.
- A recent trip included a visit to 'Lytham Hall' this was at the request of an interest shown by a person who lived at the home. One person said, "It was a lovely day out the staff are so good." Other trips included, visit to local shops, afternoon tea at local cafes and pubs for lunch. A designated activity co-ordinator helped care staff to provide one-to-one and group activities throughout the day.
- People's rooms were personalised for example, decorated and furnished to meet their personal tastes and preferences.

Improving care quality in response to complaints or concerns

- People who lived at Starr Hills told us they would be confident to speak to the registered manager or staff if they were not happy or had issues. No complaints had been received since the previous inspection.
- There were processes in place to ensure all complaints would be dealt with appropriately. The registered manager told us they used issues, complaints or concerns as a positive experience and learning opportunity to improve the service.

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

The service was consistently managed and well led. Leaders and the culture they created and 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 manager and management team were able to speak with us about the care of individuals who lived at Starr Hills. They demonstrated a good understanding and awareness of people's needs, likes and choices. A staff member said, "A great manager who all the residents love."
- Comments we received about the management of Starr Hills were positive and reflected the outstanding care that we found being provided. For instance, one staff member said, "Without doubt the best home around staff and management go over what they should do to provide excellent care for the residents." A relative added, "This was a fantastic home run by caring people that showed such outstanding care for my [relative]."

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

- The service had clear lines of responsibility and accountability. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people who lived at Starr Hills.
- Evidence demonstrated the registered manager had quality assurance processes that were effective and improved the service as intended. For example, processes involved checks being carried such as daily handover meetings and 'management walk arounds'. These were regular checks around the premises by the registered manager to ensure quality was being maintained and the service continually improved.
- The registered manager had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the hallway of the home.

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

- People and their relatives were asked for their views of the service generally through questionnaires/surveys and regular formal meetings at Starr Hills. Results from recent surveys were positive and included comments such as, 'The best home around.'
- Staff and people who lived at the home told us they had meetings with the management team and staff. They enjoyed discussions about the home and what could be done to improve things.

Continuous learning and improving care

- The registered manager completed a range of quality audits to ensure they provided an efficient service and constantly monitored Starr Hills. This demonstrated improvements could be made to continue the

home to develop and provide a good service for people who lived there.

Working in partnership with others

- The registered manager at Starr Hills worked in partnership with other organisations to make sure they followed current practice, providing a quality service and people in their care were safe.
- Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.