

The Sisters of Mercy of the Union of Great Britain St Michael's Care Home

Inspection report

93 Marine Parade East
Clacton On Sea
Essex
CO15 6JW

Tel: 01255423688

Date of inspection visit:
05 December 2019
09 December 2019

Date of publication:
05 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The service is registered to accommodate up to 44 people and provides care and support for older people. The service is split over two floors which were all accessible by stairs or a lift. There were 43 people using the service at time of inspection.

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

People told us they felt safe living at St Michael's Care Home. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

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 home supported this practice.

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work. They told us they were like one big family.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the home could continually improve. Audits helped identify areas for improvement and this learning was shared with staff through handovers and meetings. The management of the home were respected.

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

Rating at last inspection

The last rating for this service was good (published 08 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was well led

Details are in our Well Led findings below.

St Michael's Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

St Michaels Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. There had been a new manager recruited for the service in April 2019. 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 unannounced and took place on 5th December 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. 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.

During our inspection visit, we spoke with five people using the service, four staff and the registered manager. Two relatives visited the service on the day of inspection, who were also spoken to. We observed the support provided throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at records in relation to people who used the service including five care plans and medication records. We looked at six records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to, both internally and externally.
- People and their relatives told us they felt safe within the service. One person told us, "I feel very safe here. I was poorly one night, and I rang the bell and they were up here in a minute". A relative told us, "This is definitely a safe place I can certainly sleep at night now." Staff told us that they knew people well and thought that this helped to keep them safe. A health professional told us, "In my opinion people are safe in this care home."
- Safeguarding people was promoted throughout the service. Contact details were available for the local authority safeguarding teams. A professional told us, "We have no safeguarding concerns."
- The manager had appropriately discussed with the local safeguarding authority any concerns they may have. Safeguarding concerns were recorded, and appropriate action taken.
- Staff had received training and had access to local safeguarding guidelines.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the service. Risk assessments were reviewed monthly or in response to people's changing needs.
- Assessments included clear instructions for staff. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
- Staff had a good knowledge of people's risks. Records showed that care was delivered in line with people's individual risk plans, this meant the risks to people were reduced.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained to ensure that people were supported to use equipment that was safe.

Staffing and recruitment

- There were enough staff on duty. The registered manager calculated the number of staff required to meet the needs of people and this was reviewed monthly and as required. One person told us, "The staff are very kind to me, they do not rush me".

- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- The home managed their medicines safely. The service had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- All areas of the service were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy. A relative told us, "The home is kept very clean." Staff had received training in infection control.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the service. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings and daily handovers. Staff told us they felt they were kept up to date and communicated well together.
- Policies about dealing with incidents and accidents and subsequent reviews of risk assessments were effective. Records showed there was a low rate of incidents and accidents.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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 had their needs assessed before they moved into the service. These assessments formed the basis of their care plans. The registered manager told us they consulted with each person before they moved into the service.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, mobility and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident in their roles. One person told us, "They (staff) know their job. I truly believe they know what they are doing, if not they are getting plenty of practice of the hoist with me. I can tell they have had training."
- Staff received training on subjects such as dementia, moving and handling and fire safety.
- Staff told us they had regular supervisions and contact with the registered manager. The service was supported by a staff team, many of who had long service. They told us they communicated together each day through handovers.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the senior staff or registered manager when required. A staff member told us, "I have dyslexia and the registered manager has been so supportive with me. It has really helped with my confidence."

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food here is very very good. I'm a diabetic, the kitchen is brilliant, they are so good at giving me the right food.", "I usually enjoy the food; you usually get a couple of choices each day.", And one relative told us, "One day when [relative] was really poorly and not eating, the chef came in and said what can I make [relative], I'll do anything. They have a wonderful variety."
- People could choose an alternative if they didn't want what was on the menu. The staff told us they go around to people in the morning to see what they want to eat for the day.

- Records showed input from dieticians and speech and language therapists where required. Special diets were catered for well.
- Where people needed extra support with food and drinks, monitoring charts were in place to make sure they met their daily targets to maintain and improve their health.
- The dining room had tables laid with drinks and condiments. Most people used the communal area to have their meal. Food looked appetising and plentiful.
- People were encouraged by staff to eat their meals and various aids supported people to be independent. Where support was given by staff this was observed to be respectful.

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

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others.
- People received the care, treatment and support they needed when they needed it. A health professional told us, "They call us in a timely manner, when they have reasonable concerns about a person's health." One person told us, "We see community nurses, it's difficult to get to see a doctor. You would see a doctor if you had a raging temperature, but I had a graze on my arm and this morning a nurse came in to check it."

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

- The service was accessed by people across two floors using stairs or a lift. It had been purpose built and adapted to ensure people could use different areas of the home safely and as independently as possible.
- The décor and furnishings were in keeping with the age of the service. The registered manager told us that people were comfortable in the surroundings and it was important to maintain a comfortable living environment.
- The service had a number of large lounge areas and smaller seating areas, dining rooms and an external garden overlooking the seafront for people to enjoy. All outside spaces had level access and were easily accessible.
- People were encouraged to bring their own belongings into the service. The registered manager said, "We always recognise this is their own home as well." The communal areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them.
- The design and layout of the service met the needs of people living with dementia. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.

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

- People were supported to receive health care services when they needed them. Records showed referrals made from the service to a variety of professionals, such as doctors, nurses, dieticians and opticians.
- People had individual health plans which included oral health assessments. Staff told us they wanted to make sure the whole person was cared for.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when required.
- Records showed that instructions from health professionals were carried out and they supported people's needs well. A health professional told us, "They carry out our instructions and know when to call for advice or medical care."
- Instructions from medical professionals were recorded in people's care plans and they communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

- The service met the requirements of the MCA. Assessments had been carried out for people in relation to their care needs including consent for photographs. This meant that people's rights were being protected. The service held best interests' meetings for people. Records showed involvement of the person, family members, professionals and the GP.
- Applications had been made under DoLS as necessary. Only one person was subject to this process. The registered manager told us they had a good understanding of the process and they had knowledge of any conditions attached. Records were clear where conditions were attached to show they were being met.
- People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food. One person told us, "The staff do talk to me about what they are going to do and seek my consent". Staff had received MCA training.

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.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same.

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 and their relatives told us staff were kind and caring. Comments from people included: "Staff are great, they are everything you would want them to be. There is not one person in here that you could say you couldn't get on with, even the vicar.", "The staff are all different characters, but they are always there to help. They are pleasant and friendly and easy to relate to." One relative added, "Staff have time for relatives as well. Everyone you see is lovely, it's very nice."
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The home had a religious service once a month for people to enjoy.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People and their relatives were involved in their care. The registered manager completed reviews of care and people, relatives and staff were involved in these. A relative told us, "I was involved in my relative's [name] care plan and they (staff) advise me of any changes."
- The service supported people to access advocacy services when required.
- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care. This was with meals and activities. One relative said, "[Relative] still has a quality of life and that's all down to the staff here. She is always beautifully dressed, clothes co-ordinated. She gets her hair done, goes to mass, things that are important to her."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity, A person told us, "Staff are very caring and very kind. When they help me wash and dress they are very respectful. They let me know what they are doing, they know my routine now. I put on lots of creams, sprays and talc. I think they are very good and cheerful." Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet or giving another person some space and reassurance when they became agitated. Staff told us how they protected people's dignity, giving examples of covering people with towels, only leaving the area exposed which was being washed.
- People were supported to be as independent as they could be. The registered manager told us that it was

important that people kept their independence. A person told us, "You are independent and do what you want."

- The service had introduced dignity champions. These staff members took a special interest in dignity and guided staff within the home. Their role is to promote welfare and support people by offering choices and explaining what they were doing.
- Staff were attentive and observant of people's needs, some people preferred to be supervised from a distance, while other people needed more intensive support. People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained 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 received personalised care that was responsive to their needs. The registered manager reviewed all the care plans monthly. These care plans were all being revised into a new format that was easily understandable and detailed.
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.

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 were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- Staff offered people choices by using visual prompts. Staff told us they knew people well and were able to communicate using their preferences. For example, people living with hearing impairments. We saw staff speak slowly and clearly and always look at the person, we observed staff communicating in this way on the day of inspection.

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

- The service had a programme of activities for people to enjoy. This was organised into a monthly planner which showed what was organised daily. There were additional activities for people to enjoy organised separately. Some of the activities people enjoyed were, feast day observations, lunch trips, craft, knitting, quizzes, music, exercises and games. There was also a dementia choir that had recently been set up, and the registered manager told us people really enjoyed that.
- The registered manager told us they liked to provide a wide variety of activities and was further developing engagement for people including for those people who spend time in their rooms.

- The service had photos displayed of past events, these included fetes, birthday events, visiting school singing and they were planning for a number of Christmas activities.
- People and staff told us they enjoyed the activities in the service. One person said, "We have bingo, we have exercises, which is very good. In the afternoon they put a film on for those who want to sit here, and of course we are making Christmas cards at the moment. We have a big trolley where you can buy cards and toiletries. I don't get bored. I always have plenty to occupy my mind being interested in people."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident they would be addressed.
- The service had not had any formal complaints however records showed the registered manager dealt with any feedback to people's satisfaction.
- People were confident that their concerns would be dealt with. Comments we received about this from people and their relatives included: "I haven't had cause to complain, but I would go and see the manager, she's alright, she sorts things out. They (staff) are all quite friendly." And, "I've got nothing to complain about, I'm very happy here."

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone. The registered manager told us they worked with the district nurses and GP when a person requires end of life support.
- Each person had an end of life care plan which noted their last wishes. These varied in content due to the information being available. The plans had been reviewed within the usual care plan review and information added if necessary.
- People could remain at the service and were supported until the end of their lives. One relative said, "[Relative] passed away here, it was right time, right place, right people. Their last day was perfect, just as we all wanted it. [Relatives partner] had a great support system afterwards, they all came to see them and tried to comfort them, they (staff) were marvellous." Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.
- Staff received training in end of life care and told us how they supported people at the end of their life to ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

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

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

- Staff felt proud to work at St Michaels Care Home. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I really enjoy working here we are all like family.", "We all work together we all genuinely care." One relative said, "My mother has been here for 12 years; my father was also here. When we moved them in it was marvellous, we felt we had won the lottery."
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "This home is very well managed I think." And, "The manager is very approachable and nice". A person told us, "I've been to a resident meeting. Whatever we want to bring up you do, and they try to correct it, the manager is good like that."
- Staff were knowledgeable about people's needs. Staff and managers were passionate about providing people with an opportunity to become more independent and positively engage where possible with the community.
- Staff and people had built up a good rapport with the community and were proud to work at the service and were proud of the support people received.

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

- The registered manager understood the requirements of the duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this. This had all been done appropriately.
- Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

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

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team. A member of staff told us, "We are all clear about our roles and responsibilities and take them seriously. We have a good structure here, it works."
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- The manager completed spot audits, to check that staff were always working to the required standard.
- Systems were in place to support learning and reflection. The registered manager had completed monthly audits, such as medication, accidents, health and safety and care records.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.
- A recent inspection completed by the local authority in August 2019 had highlighted some issues and we saw at this inspection positive action had been taken by the manager and staff to achieve the actions required.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- The service sought people's feedback through questionnaires. The results of those were positive. The registered manager told us they send these out to people and their relatives twice a year.
- The service held meetings for people and their relatives. Records showed people and their relatives were involved in the service and kept up to date. Relatives were routinely asked for their views and they told us they felt involved in the service.
- The service had regular staff meetings. Minutes showed discussions about people, update, events within the service, personal care standards and reminders. Records showed good attendance by staff.
- The service had some links to the local community. The registered manager told us they wanted to increase these links in the future.
- Learning and development was important to the registered manager. They attended regular provider meetings and had used online guidance and publications. The registered manager had the support of a deputy manager and senior staff within the service.
- The service had good working partnerships with health and social care professionals. Feedback received by the service was positive; people were happy with the service and support they received. Relatives provided positive feedback in written messages of thanks to the staff.

Continuous learning and improving care; Working in partnership with others

- Supervision sessions and staff meetings helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the manager.
- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. Staff told us any issues or problems were dealt with quickly by the registered manager.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- The management team linked with local networks, and used any information shared to improve care and

treatment for people living at St Michaels. We received positive feedback from healthcare professionals who worked closely with the service.