

Qualia Care Limited

Sandycroft Nursing Home

Inspection report

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14 June 2018

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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?	Good ●

Summary of findings

Overall summary

The inspection visit at Sandycroft took place on 13 and 14 June 2018 and was unannounced.

Sandycroft provides nursing care and support for a maximum of 26 people who live with dementia and/or a physical disability or sensory impairment. At the time of our inspection there were 22 people living at the home. Sandycroft is situated in a residential area of Blackpool close to local amenities. There are three floors offering single room accommodation for people who live at the home. There are ample toilet and bathing facilities and a large communal area for people's use.

Sandycroft 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.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Sandycroft registered under a new provider on 26 May 2017. Consequently, this was their first inspection.

During this inspection, we found suitable staffing levels provided a calm and unhurried atmosphere throughout our inspection. Call bells and requests were responded to with a timely approach. One person who lived at Sandycroft said, "There is always someone around." Staff files we looked at showed personnel did not start in post until the management team received relevant checks. Everyone we spoke told us they found staff were skilled and knowledgeable.

Care files we saw held risk assessments to guide staff to manage any underlying or medical risks to people's safety. Accidents were analysed to look at any potential themes and reduce the potential for their occurrence. Personal protective equipment was available around the home to maintain good levels of infection control.

Staff files we looked at demonstrated staff received safeguarding training to protect people against harm or abuse.

Each person's care file held medication care plans, which provided good guidance for staff about their specific needs. The management team completed competency-testing to assess staff skills and safe practice.

People told us they had sufficient meal portions and choice of meals. One person said, "The staff will make something different if you don't like what is on offer". The management team completed risk assessments to

reduce the risk of malnutrition or obesity.

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. Recorded consent was held in people's care files.

Staff demonstrated a good level of understanding about valuing each person's right to dignified support. One person who lived at Sandycroft told us, "When they take me for a shower they always ask if I want them to stay. They always protect my privacy and dignity." We observed staff made every effort to value the uniqueness of those who lived at the home. They achieved this by discussing and recording people's needs with them and their relatives. One person told us, "We did a care plan in the beginning and we review it regularly."

The management team and staff had achieved the Gold Standards Framework highest award of 'Beacon' status because of excellence in end of life care. They used new technology to better and more immediately assess people's health needs. The registered manager's excellent end of life approach was strengthened by a compassionate, experienced and skilled staff team.

We found care was planned and delivered within a person-centred model. The review and update of people's care was undertaken regularly with the person and their relatives.

People we spoke with confirmed the registered manager was experienced, professional and visible about the home. One person said, "[The registered manager is always out and about. They are not office people." Staff told us they felt valued by the management team. Evidence we looked at showed the management team had good oversight of everyone's safety and service quality.

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.

Those who lived at the home and their relatives expressed feeling safe and comfortable. Staff had clear awareness of their duties to report safeguarding concerns.

We saw there was a sufficient, competent workforce.

The registered manager assessed staff suitability to ensure they were safe to work with vulnerable people.

People and their relatives stated they received their medication on time and when required.

Is the service effective?

Good ●

The service was effective.

The registered manager ensured staff completed a wide range of training to underpin their expertise.

People were supported to eat their meals where they chose and had options if they did not like the food available.

Throughout our inspection, we saw staff ensured they did not limit people in any way. Staff respected their consent to care.

Is the service caring?

Good ●

The service was caring.

We saw staff upheld people's dignity and privacy during our inspection.

People confirmed they felt staff were respectful of their spiritual and cultural requirements.

Care plans were developed with people and their families and centred on achieving maximum independence.

Is the service responsive?

Good ●

The service was responsive.

The registered manager provided a wide range of activities suited to the individual needs of people who lived at the home.

Records we saw were detailed and staff used a person-centred approach to plan and deliver people's support.

Innovative systems and new technology were used to enhance excellent end of life care.

People and relatives we spoke with said they were clear about how to raise a complaint if they chose to.

Is the service well-led?

The service was well-led.

The management team ethos focused on involving people and their relatives in the running of the service.

Staff told us they had good levels of support from the registered manager.

The registered manager completed audits to monitor the safety and quality of service provision.

Good ●

Sandycroft Nursing Home

Detailed findings

Background to this 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 was planned to check 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.

The inspection team consisted of an adult social care 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. The expert by experience for the inspection at Sandycroft had experience of caring for people who lived in a care home setting.

Before our unannounced inspection, we checked the information we held about Sandycroft. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Sandycroft.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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.

Additionally, we spoke with a range of individuals about this home. They included five people who lived at Sandycroft, three relatives, six staff and the registered manager. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well Sandycroft understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to three staff members. We

also looked at records about staff recruitment, training and support. We further reviewed information related to the management and safety of Sandycroft.

Is the service safe?

Our findings

Those who lived at the home and their relatives expressed feeling safe and comfortable because staffing levels were sufficient to meet their needs. One person said, "There is plenty of staff." Another person told us, "I feel safe as there is always a member of staff around to help when needed." A third person commented, "There are plenty of staff knocking about."

We saw there was a sufficient workforce, fully trained and able to deliver care in a compassionate and patient manner. A student nurse on placement told us about how the registered manager deployed the teams well and there were good staffing levels. Ancillary staff, such as cooks, housekeeping and activity coordinators, were employed to support care staff to focus on their own duties. We observed a calm and unhurried atmosphere throughout our inspection. Call bells and requests were responded to with a timely approach. One person told us, "They are very good at responding." Another person added, "The staff are usually here within a couple of minutes."

Staff files we looked at showed personnel did not start in post until the management team received relevant checks. Records included interview forms, references and criminal record checks from the Disclosure and Barring Service. The registered manager assessed staff suitability, skills and full employment history to ensure they were safe to work with vulnerable people. The provider maintained oversight of their nurses' professional registration to check they were fit to practice.

The registered manager retained a specific falls, accidents and incidents file. Forms showed the date, time and the details of the incident. Accidents were analysed to look at any potential themes, as well as a review of action taken and any lessons learnt. A person who lived at the home told us how staff quickly and efficiently acted when they had a recent fall. They added, "They responded very quickly and pressed something on my buzzer and more staff were here within seconds."

Care files we saw held risk assessments about any underlying or medical risks. They covered, for instance, medication, smoking, bedrails, movement and handling, falls, choking and nutrition. Each area included the extent of potential hazard and guidance for staff to mitigate the risk.

The registered manager worked with the Institute of Occupational Safety and Health (IOSH) to strengthen the management of everyone's safety. The IOSH is the chartered professional body for safety and health in the workplace. It acts as an adviser for services who protect the safety, health and wellbeing of others. This included the registered manager's completion of IOSH accredited training in risk management and underpinned the systems they had to oversee the environment.

We observed the home was clean and tidy. Personal protective equipment was available around the home, such as gloves, aprons and hand sanitiser gel. Staff received relevant training and the management team competency-tested hand hygiene to ensure their skills were efficient. A person who lived at Sandycroft stated, "They are always cleaning my room." Window restrictors were in place to reduce the risk of potential harm or injury to people who lived at the home. The service's electrical, gas, equipment and legionella safety

certification was up-to-date. This demonstrated the management team had good oversight of systems intended to maintain everyone's safety.

Staff files we looked at demonstrated the provision of safeguarding training to all employees. We discussed the principles of protecting people from potential abuse with staff and found they were fully aware of their reporting responsibilities. A staff member said, "I would take it to my manager, CQC and safeguarding. I would not hesitate because these residents are very important to me."

People and their relatives stated they received their medication on time and when required. One person said, "The medication they provide is always on time." We found the nurse focused on one person at-a-time, explained the purpose of their medication and provided a drink. They observed the person took their tablets before signing to confirm the action was completed. Each person's care file held medication care plans, which provided good guidance for staff about their specific needs. The management team underpinned staff skills with evidence based guidance, national regulatory information and training. They followed this up with competency-testing to assess safe practice. We checked people's medication charts and saw a missing signature, which was picked up by in-depth auditing procedures. We found this was quickly addressed through staff supervision and a review of procedures. This showed the management team considered any lessons learnt and had good oversight of the safe administration of each person's medicines.

Is the service effective?

Our findings

Everyone we spoke told us they found staff were skilled and knowledgeable. One person said, "The staff are very good here." Another individual added, "They are excellent." A third person commented, "They look after me well."

The registered manager told us staff had completed nationally recognised courses in health and social care to underpin their expertise. Staff records evidenced a range of such training as fire safety, movement and handling, health and safety, infection control, safeguarding and dementia awareness. A staff member said, "I have had more courses here than anywhere else. We have lots of guidance and we communicate updates with each other." Guidance was on display in the staff room about health and safety, infection control, handwashing and whistleblowing. Staff told us they had regular supervision and appraisal to support them to carry out their duties. Records we saw showed the management team reviewed staff skills through regular competency-testing.

Sandycroft provided placements for student nurses to learn and develop their practice as part of their training. We spoke with two student nurses who said stringent systems ensured the home and universities worked closely together to monitor their progress. They spoke highly of the mentorship they received and the expert knowledge of the team. One student told us about how supportive the staff team were in helping them to meet required competencies. Another student confirmed they had good support from their mentors and all the staff.

We observed lunch was a relaxed, social occasion. People were supported to eat their meals where they chose and had options if they did not like the food available. One person stated, "We have what they provide but they would make something else if I did not like it." Another person added, "I do get a choice." Staff were encouraging and polite throughout, checking each person had enough to eat. People and their relatives confirmed staff provided good levels of hydration and they enjoyed their meals. One person said, "I get what I like and I like what I get."

The management team completed risk assessments to reduce the risk of malnutrition or obesity. This included a system called 'Teleswallowing,' where staff monitored people with swallowing difficulties. The process aided a member of the speech and language therapy team to remotely work with staff via videoconferencing. They could assess the person who lived at the home much more quickly and assist staff to adapt care plans. This showed how the management team used technology to improve people's lives because it reduced delays between assessment and treatment. We saw good evidence of weight and food/fluid intake monitoring. One person told us meals were nutritious and they were pleased because, "I have put on weight."

Staff respected people's consent to care. The registered manager gave an example about one person who received half their treatment at Sandycroft and the other part at a community clinic. They said, "We tried to encourage him for us to arrange the morning one in the home because he has to get up very early and it tires him out. But he did not want this. It's his choice and we respect that." Recorded consent was held in

people's care files. A student nurse at the home stated they saw staff consistently sought people's consent and acknowledged their decisions. They added, "The staff, to the smallest detail, are very respectful and give them lots of choice."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us seven people were deprived of their liberty to safeguard them. We found good recordkeeping standards, such as capacity assessments and legal authorisation forms. Throughout our inspection, we saw staff ensured they did not limit people in any way. We discussed the principles of the MCA with staff and found they were knowledgeable. For example, one staff member talked about medication and covert practices. They told us, "We might do this covertly, but only as a last resort and through the proper channels. We try and encourage people. It's their right to refuse, so we would never force them."

We found evidence the manager referenced current legislation, standards and evidence-based guidance to achieve effective outcomes. For instance, the IOSH best practice in managing people's safety and evidence-based guidance for medicines administration. Information was also made more accessible to people who lived at Sandycroft who could not communicate their needs. This included easy read documents, such as meal selections. Staff provided materials for such procedures as best interest meetings in pictorial format. They had access to deaf signers for those individuals who lived with a hearing impairment to attend GP appointments.

People told us staff maintained their ongoing care by making timely referrals to other healthcare professionals. One person said, "They noticed I had hurt my leg and called a doctor for me." The management team used technology to enhance people's care plan outcomes. This included a 'Telehealth' system to help GPs remotely assess their changing health and recommend any treatment. It involved the use of live video equipment to review identified concerns. This good approach meant people had much quicker access to healthcare professionals and earlier implementation of additional support. Relatives said they were kept up-to-date about any changes in health or treatment. One family member stated, "They always keep us informed."

The provider adapted the environment to a good standard for people who lived at the home. For instance, a sensory bath was installed with lights and a jacuzzi to aid their comfort and reduce anxiety. Old black and white photographs were placed on corridor walls to use as distraction therapy. We saw all areas of the building were bright, modern, well-maintained and decorated.

Is the service caring?

Our findings

We observed staff were caring towards people who lived at the home and supported them with kindness and respect. One person confirmed, "They are marvellous." Another person told us, "They are all very pleasant." A third person commented, "We have a good laugh about all sorts of things. We have a good healthy relationship." A relative stated, "They are very attentive."

People we spoke with said they were encouraged to bring their familiar items from home, such as ornaments, furnishing and photographs. One person said, "I have lots of my own pictures up and I still have a lot more to sort out." We saw staff upheld people's dignity and privacy during our inspection. They interacted with each person respectfully and knocked on bedroom doors before entering. One person told us, "They always make sure my privacy is respected. They close the door and the curtains and will not let anyone else in until I am decent."

Staff demonstrated a good level of understanding about valuing each person's right to dignified support. One staff member stated, "I look at it as we chose to come here, whilst this is their home and we should respect them for that, that we are coming into their home." A member of staff was designated the role of dignity champion. Their responsibilities included obtaining guidance and evidence-based research to circulate to the workforce. Information was made available throughout the home for people and relatives about advocacy services, including their contact details. Consequently, people could access this support for their voice to be heard.

The management team enriched people's lives further through the development of a 'wishes tree.' This was set up in the lounge and involved people who lived at Sandycroft and relatives to write a wish on a small card. They put it on the tree where it hung until it was achieved. We saw one example of a person whose desire was to have a Valentine's Day meal with their relative. The registered manager told us, "The relative was not very keen at first, so we talked it through with him and showed him the tree. We put screens up in the dining room to give them some privacy. We set up the area as a restaurant and provided Champagne. They both loved it."

We saw staff were calm and friendly when they supported people who lived at Sandycroft. They explained procedures clearly when they assisted the person and checked they were comfortable throughout. One person said, "Staff are excellent. They are always respectful." A relative added, "They are very pleasant." Staff maintained eye contact when they engaged with people and used soft, caring tones. A staff member explained, "I initially initiate a little conversation, see if anyone needs to get anything off their chest or talk about how they're feeling."

We observed staff made every effort to value the uniqueness of those who lived at Sandycroft. This included respect and support for their religious and cultural practices. A staff member had training to support each person with their spirituality at the end of their life. They said, "I'm very careful at checking people's preferences and what their belief systems are." A person confirmed they felt staff were respectful of their spiritual requirements. They added, "I make my own way to church but the staff help me to get ready." We

also found staff aided people to retain their rights under article eight of the Human Rights Act 1998, 'Right to respect for private and family life.' One person said, "They respect me and my family. They always leave us alone when they visit."

The management team went to great lengths to understand those who lived at the home. They achieved this by discussing people's needs with them and their relatives. One person told us, "They listen and they hear." Care plans were based around achieving maximum independence and assisting the person to accomplish their goals. Staff had a compassionate and respectful attitude and spoke of pride in their work. One staff member said, "I love my job, when I see a resident laughing it makes my day. When I see someone is withdrawn or looks down I spend time with them helping them." A student nurse on placement at Sandycroft spoke about high standards of care provided by the team. They said this was because staff built up good relationships and tried their best to give good quality, dignified care.

Records we saw included information about communication between staff and relatives, such as letters to keep them updated. People and their relatives said there were no visiting time restrictions, which they felt was highly beneficial to their relationships. One person stated, "My family can come and see me anytime, even at night."

Is the service responsive?

Our findings

The registered manager provided a wide range of activities suited to the individual needs of people who lived at the home. One person told us, "We have entertainment in the lounge." Another individual commented, "We play dominoes, cards and bingo." A third person added, "You can have a good natter with the staff and they will always get things for you."

We saw a programme of activities was provided at Sandycroft. This included board games, arts and crafts, games, quizzes, bingo, play your cards right, sing-a-longs and reminiscence therapy. Other events were film nights with popcorn and decorating pebbles. The registered manager explained, "The residents decorate them and put a message on them. We then hide them for other residents to find and appreciate the messages." Staff encouraged people to participate on a group or one-to-one basis to improve their social skills and have fun. A staff member said, "We have an activity programme, but we don't always stick to it because residents may not want to do that. We always have some gifts to give to residents as prizes." They added this was an important part of people's support, "Because it gives them some competition back in their lives."

Staff told us they were encouraged to spend time socialising and hold meaningful conversations with those who lived at Sandycroft. They also supported those who were less mobile to engage within the local community. For instance, they provided parties, walks out, trips and attendance at tea dances. A person who lived at Sandycroft told us, "I can't really attend any activities, but they do take me out, when the weather is good, in a rented minibus."

Records we saw were detailed and staff used a person-centred approach to plan and deliver people's support. Areas assessed covered physical, mental, social and medical health and we noted plans were detailed to guide staff to fully support people. Other documents outlined the person's background and preferences. These covered people's wishes about activities, personal care, preferred name, nutrition and sleeping times. The person's basic details were discreetly displayed in their bedroom wardrobes to help staff responsiveness during personal care. Details included movement and handling support, people's backgrounds and preferences, activities and basic care plan information. This was a good approach to help staff at the point of care delivery.

We found the review and update of people's care was undertaken regularly. The registered manager fully involved them and their representatives in this process. This approach enhanced the home's personalisation of care to help people achieve their goals. One person told us, "I have had a few meetings about my care plan. We are constantly reviewing it."

The management team worked intensively with the National Gold Standards Framework (GSF) in the exceptional provision of end of life care. The GSF is an external organisation supporting providers to develop evidence-based approaches to optimise people's care. The accreditation process focuses on end of life care, recordkeeping, training, communication systems and quality auditing. Sandycroft had achieved the highest award of 'Beacon' status because of excellence in end of life care. Their report noted this was because, 'the

whole team are involved and go the extra mile.' They used innovative systems such as piloting new technology with local hospice nurses to immediately assess health changes via videoconferencing equipment. They had very good working relationships with the hospice team to enable direct access to hospital and community healthcare services. We found evidence this meant people were more likely to remain at the home within the comfort of their familiar surroundings.

Care records held information about people's requirements regarding their end of life care, which was closely monitored and updated to reflect change. The registered manager's excellent approach was strengthened by a compassionate, experienced and skilled staff team. A staff member stated, "The biggest part of my job is supporting people with their spirituality. The nurses manage their pain, the carers provide the personal care and I support them with their comfort. It is such good teamworking and a lovely thing to be a part of." The home held an annual 'memory day' for families to release balloons to celebrate people who had passed away.

The registered manager reviewed each person's end of life to ensure high quality care and treatment provision at Sandycroft. They sought the views of families with a very sensitive post-bereavement approach. The survey checked experiences related to respectful and dignified communication, quality of family visits, staff support and pastoral care. We saw feedback was highly complementary about the home. One person commented, "I was very impressed from start to finish for the care and compassion that was shown to [my relative] during her period of end of life care. All your staff were kind and considerate throughout her stay."

People and relatives we spoke with said they were clear about who to report concerns to and how these would be addressed. Details provided in the home's lobby showed how individuals could raise concerns. This included the steps the management team would take to address any issues. The registered manager told us they had received ten complaints over the last 12 months. We sampled documents in place as part of the management of people's concerns and saw evidence of timely and appropriate response to resolve them.

Is the service well-led?

Our findings

When we discussed the leadership of the management team, we received positive comments from those who lived at the home and their relatives. One person said, "I do know most of them, they are all very approachable." Another individual commented, "[The registered manager] is a lovely person." A relative stated, "[The registered manager] is approachable."

The provider had strengthened the management and organisation of Sandycroft by introducing a new deputy manager post. An employee had been recruited to the role in order to support the management team. This assisted the registered manager to fully focus on their role, whilst providing additional leadership support for the nursing staff.

The management team ethos focused on involving people and their relatives in the running of the service. They achieved this with annual surveys about the quality of care delivery. Following this, the registered manager displayed outcomes and feedback to staff, people and visitors. We found the results of the last survey were positive about Sandycroft. Comments seen included, 'I am extremely happy with the care my [relative] receives – staff are friendly and approachable. Management always keep me up-to-date with my [relative's] progress.' Also, 'From the day my friend was admitted she was treated with loving care and dignity.'

To enhance quality assurance oversight, the registered manager held monthly 'resident' and relative meetings. They told us, "We start by reflecting on the previous month like what went well, what didn't and what we would like to change." We saw evidence the management team provided people with the opportunity to discuss activities, meals and any suggestions.

We found the service had a calm atmosphere and staff were smiling in their duties. They told us they had good levels of support. One staff member said, "[The registered manager] is great, she is very supportive. Even when she's off she's still at the end of a phone." Another staff member stated, "I'm comfortable with the management here. The nurses and [registered manager] try to build good relationships and I feel they are very supportive. They are always around to talk to." Staff told us they felt valued by the management team through opportunities to progress. One staff member talked about being supported to change their role. They added, "[The registered manager] saw I had a real interest in wellbeing and activities, which I felt was my asset." Display boards held complimentary feedback to staff about excellent end of life care.

Staff commented they had regular team meetings and completed annual surveys. They said this gave them confidence in a management team who were willing to listen to ideas and concerns. Minutes we looked at evidenced this and the actions taken to improve the service. Staff told us the registered manager fostered a good working relationship to develop a strong workforce. They talked about a cohesive teamworking approach to the delivery of people's care. One staff member said, "We are very supportive of each other and we communicate well as a team."

Evidence we looked at showed the management team had good oversight of everyone's safety and service

quality. This included regular 'walkarounds' by the heads of each department, such as housekeeping, kitchen and maintenance with the registered manager. They reviewed, for example, health and safety, clinical risks, safeguarding, activity provision, meals, staffing levels and customer feedback. We sampled associated records and found action was taken to address issues. For instance, we saw an identified training need was later provided. Other oversight included quarterly, unannounced visits by the area director. A member of the management team created action plans and signed and dated when tasks were accomplished.

The registered manager completed audits to monitor the safety and quality of service provision. These covered, for example, bed and bedrail safety, building security, environmental and fire safety, infection control, pressure area care and meals. The audits assessed safe standards were being met. Records we saw showed issues were dated and signed when actioned. This demonstrated the management team had good systems to maintain everyone's welfare.

The registered manager underpinned this by working with local services in implementing good practice and sharing information. For example, Sandycroft worked in partnership with the local hospice, GPs, SALT and tissue viability nurses, as well as social care teams. They utilised their expertise for staff training and improve treatment outcomes through good practice.