

# National Schizophrenia Fellowship Thistley Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Thistley Lodge is registered to provide nursing and personal care for up to eight people who have a diagnosed mental health condition. At the time of our inspection visit there were five people living at the home. Care is provided across two floors and communal lounge and dining areas were located on the ground floor. People's bedrooms were not ensuite so people used communal bathrooms located on each floor.

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

Since the last inspection visit, the registered manager had changed. The new manager had been in post since February 2019 and became CQC registered manager on 29 April 2019. The provider had begun to improve their internal audit systems. The provider's internal quality assurance teams had completed audit visits against the providers action plan to improve the quality of care people received. However, some records of completed audits and the actions taken required closer scrutiny and monitoring. Fire risk assessments needed to be updated and time is needed for the quality assurance system to become embedded in normal practice to show its effectiveness and sustainability.

Staff said the registered manager and nurse were visible, approachable and supportive. Staff said changes over the last few months were for the better. Staff felt they worked better as a team which helped ensure people received the physical and emotional support they needed. The registered manager was working with other organisations and healthcare professionals to improve outcomes for people.

The provider used agency staff to support their own staff whilst recruitment continued. Staff said agency use was limited and the provider used the same agency staff for consistency which helped people feel more relaxed with those staff providing their care.

There were sufficient numbers of care staff on duty to keep people safe from risks of harm. The nurse used staff dependency tools to ensure staffing levels continued to meet people's needs. The registered manager and deputy manager could support staff on the floor if emergencies happened.

Staff training had improved since our last visit. Some staff had completed training and further training sessions were planned to ensure staff's skills and knowledge continued to be refreshed. Staff understood their roles and responsibilities, such as safeguarding people from poor practice. Staff told us they were confident to record poor care and if no action was taken, staff were more confident to refer onwards to safeguarding teams and to us.

People's dietary needs, preferences and nutritional needs were assessed and known by staff and when needed, people were referred to other professionals to support their healthcare needs. Some people had their food and fluid intake monitored and further improvements were needed to ensure those records were of value to determine next steps.

People received their medicines safely from trained and competent staff. Nurse staff completed regular checks on stocks, administration and storage to ensure medicines were given safely and as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service has been in Special Measures since 11 December 2018. People who use adult social care services have the right to expect high-quality, safe, effective and compassionate care. Where care falls below this standard and is judged to be inadequate it is essential that the service improves quickly for the benefit of people who use it. Special measures will give people who use the service the reassurance that the care they get should improve.

Following our last Inspection in December 2018 where the provider had numerous breaches of the Health and Social Care Act, the provider completed an action plan after the last inspection to show what they would do and by when to improve. We took enforcement action which included imposing conditions on their registration to restrict admissions to the service while the provider took measures to improve the quality of service.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures and the provider was no longer in breach of regulations.

The last rating for this service was Inadequate (published 5 April 2019).

#### Why we inspected

This inspection was based on the rating at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective, Caring, Responsive and Well Led.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Thistley Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On 26 June 2019, one inspector carried out this inspection and they were supported by a specialist nurse who had experience of supporting people with a mental health condition. One inspector returned on 27 June 2019.

#### Service and service type

Thistley Lodge is a care home with nursing. Nursing cover was provided five days a week with an on-call support for staff in the evening and weekends should staff need nursing advice. People in care homes receive accommodation and personal care. 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. 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 first day of our inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work 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. We used all of this information to plan our inspection.

#### During the inspection

Due to people's anxieties and mental health conditions, we were unable to hold a full conversation with people to get their feedback of what it was like living at Thistley Lodge. Some people gave us a word or short sentence to tell us they were happy. No one told us they were unhappy. We spoke with five members of staff, including the registered manager, an associate director for quality and service transformation, a nurse and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found because some records were not available to us on the day. We gave the provider 48 hours after our inspection visit to provide us with evidence of their quality assurance records. These were sent to us and we used this information to reach our judgements.

# 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 Inadequate because the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and to protect people from poor practice. The provider also failed to ensure safe staffing levels matched people's needs. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing.

At this inspection we found some improvement had been made and the provider was no longer in breach of these regulations. This key question is now rated as Requires Improvement. This meant people were not always safe and were at potential risk from avoidable harm.

### Assessing risk, safety monitoring and management

- Previously, risks were not always managed safely. At this inspection we found some risk management continued to require improvement. For example, fire safety and water quality checks were completed in line with the provider's frequency. However, the fire risk assessment had not been reviewed since its completion in July 2016. A person at the home smoked and it is a legal requirement for fire risk assessments to be regularly reviewed. The registered manager assured us they would contact the landlord without delay to ensure this was completed, however the provider is responsible to ensure it is up to date and reflective of all fire risks.
- On the day of inspection visit we identified the medicines room temperature was 28 degrees Celsius. The registered manager told us this had only happened on the day of our inspection visit and action was taken to ensure, medicines and stocks remain unaffected.
- Some people had food and fluid intakes monitored to protect them against potential health risks related to high calorie or high sugar foods. The quality of the recording was ineffective. This was because there was no consistency with recording portion and cup sizes and personal goals to be achieved. If this information was needed by other healthcare professionals, it would not provide an accurate account of what people had consumed. The registered manager agreed to improve the recording.
- Some improvements had been made to manage risks related to specific health conditions that previously were not always known, assessed or managed well. We found risk assessments had been updated and reviewed. For example, one person with a health care condition had been supported to attend a specialist clinic monthly to monitor their blood sugar levels and physical health. This person was supported to follow a healthy eating regime following further advice from a community dietician to help improve the persons physical health. People identified at risk of falling, had risk plans to help them to keep their room and home environment free from potential trip hazards. Another person was at risk due to a history of developing mini strokes. Risk management plans informed staff what to look for and the actions to take to seek medical intervention.

## Systems and processes to safeguard people from the risk of abuse

- At our previous inspection visit we found the provider's actions had not always protected people from harm or abusive practice. At this inspection, improvements had been made. Records showed staff had further safeguarding training and the provider had discussed the learning from past events to make sure, people were protected. Staff felt more confident to report poor practice and had confidence their concerns would be acted upon. Staff knew what and who to report too.
- The registered manager felt staff had learnt from past experiences. They said, "Staff felt they had spoken out, but they felt they couldn't say certain things. It's not a lack of understanding of what was going on, it was staff not recognising they had power for it to stop. Now there is more of a culture to speak out."
- People looked comfortable in staff's presence. People indicated to us with their body language and nods they were happy at the home. Staff and people interacted with each other in a relaxed way, showing confidence and familiarity in each other.

## Staffing and recruitment

- There were enough skilled staff to meet people's needs. The staffing structure had improved since the last inspection. A registered manager and a nurse had taken up a full-time position. Staff said this meant the home was better supported. Nursing cover was provided five days a week with an on-call support for staff in the evening and weekends should staff need nursing advice.
- The registered manager and nurse completed a dependency tool that looked at people's assessed needs. The nurse explained that staffing rotas were planned with flexibility in mind, such as increasing staff to support people to go out or to accompany them on appointments.
- Day shifts had three care staff and a nurse. The nurse and registered manager could support staff and did, where required.
- Recruitment continued to be an ongoing requirement. Some agency staff supported people, but staff said this had improved. The same agency staff were used which staff said meant the shift run smoothly because people knew those staff and agency staff knew people's individual characters and personalities.

## Using medicines safely

- At the last inspection, staff did not accurately complete medicine administration records, so we could not be confident, people received medicines safely.
- At this visit we found medicines were managed safely, and people received their medicines as prescribed.
- The nurse conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.
- There was a protocol for the administration of PRN (as required) medication that clearly stated the reasons for administration. Where PRN medication had been administered this was recorded.
- Where people were prescribed topical ointments that contained paraffin there was a risk assessment in place.

## Preventing and controlling infection

- Staff training and regular audits were completed to manage infection control.
- On the day of our inspection visit the home was clean and welcoming with no offensive odours.
- Staff understood how to minimise the risk of cross infection. Staff said they used personal protective equipment appropriately.

## Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to investigate the reasons and to minimise the risks

of reoccurrence. For example, where one person had experienced a fall, staff had completed a body map, had involved other health professionals and monitored and implemented changes where necessary to minimise the risk of reoccurrence.

- Following from our previous inspection visit, the provider had implemented a wider action plan across all of the local services. The associate director told us they had reviewed and discussed the shortfalls from the last inspection and had plans to make sure, people were not exposed to unnecessary risk and poor practice.

# 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 requires improvement because people's consent and capacity to consent to their care was not always correctly assessed and considered. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Consent.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At this inspection we found the provider was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced.
- People had been involved in completing their care plans where possible and where people had an interest in doing so, people's consent was sought. Some relatives were also involved.
- Staff and the management had a working knowledge of the MCA framework and encouraged people to make choices wherever possible.
- Training around mental capacity and what it meant for people had recently taken place. Staff's understanding of MCA was clear. Staff told us they understood the importance of asking people what they wanted. One member of staff said; "You way up choices." Where people did not want to do something, staff did not force people, instead offered encouragement and options.
- Where people required applications to be made under the Deprivation of Liberty Safeguards these were completed. When these were granted, staff supported people in line with the restriction.

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

- Each person had a care plan which set out their needs and personal preferences. This made sure staff had the information they required to effectively support individuals.
- Staff worked in accordance with care plans to make sure people received care and support which met

their individual needs.

- The register manager said they and the nurse continued to update people's support plans in response to the last inspection. They said they were more detailed and better for staff to provide them with the information they needed to support consistent care.

Staff support: induction, training, skills and experience

- The registered manager and the provider had increased staff training following the previous inspection. The provider had prioritised the training for mental capacity and safeguarding. Staff told us the training equipped them to meet people's needs. One staff member said staff from other provider homes came together at training sessions. They told us, "We had to mix up (staff) ...it was good to share experiences, it was more inclusive." Staff said it was good to learn from each other during training.

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

- People were supported to have enough to eat and drink in ways which met their needs and preferences.
- Where people had specific needs and preferences relating to food this was provided. For example, one person constantly ate takeaway foods which could impact on their health condition. Staff worked with the person to provide varied, nutritious food and encouraged this person and others, to eat a balanced diet. Staff worked with people to encourage and educate people about eating and drinking healthier.

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

- The registered manager, nurse and staff worked with other professionals to seek the best support for people. This included regular visits to the GP for blood checks to ensure certain medicines were administered at the right dose. The registered manager said they had established good links with people's mental health care co-ordinators, dieticians and speech and language therapists to ensure safe and effective care was provided.

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

- People lived in a home which was comfortable for them but some areas required redecoration. The registered manager told us some rooms had been redecorated and further decoration was planned, including the outdoor garden area which was being improved.
- Each person had a single bedroom where they could spend time in private or with friends.

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

- There was evidence external health professionals had been contacted and visited the home to review people's care needs. People had been referred to community and hospital services to support individuals for a wide range of physical and mental health issues. People's individual physical health was assessed and where interventions from staff were required this was documented and followed.

# 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 requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans included information about people's personal, cultural and religious beliefs. Staff respected people's diversity and were open to people of all faiths and belief systems. There were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- One person exhibited behaviours which may be challenging to others. Records showed how this was monitored. Staff recorded each incident and spoke with this person, so they could help educate and minimise these views from becoming more frequent.

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

- People were supported to express their views and were involved in planning and reviewing their care. Some relatives were involved in care plan reviews and we were told their views would be incorporated into plans of care. Staff gave people the opportunity to be involved in daily decisions such as where they wanted to go, what they wanted to do and what they wanted to eat and drink. Staff helped some people decide by talking with them and explaining their options.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people at the home.
- Staff respected people's individual privacy in the home and they recognised when people wanted to spend time on their own.
- People were supported to be as independent as they could be in developing and maintaining their living skills. For example, by undertaking their own personal care where they could, doing household chores, shopping for their own food and toiletries and doing their own laundry.
- People who were assessed as able to go out on their own were able to come and go freely and their privacy was respected.

# 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 requires improvement. At this inspection this key question has now improved to good.

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; Supporting people to develop and maintain relationships to avoid social isolation;

- People worked with staff to create personalised care plans which took account of their preferred choices and needs. This ensured people received support which was focussed on them to maintain their overall health and wellbeing.

- Staff supported people to follow their interests and hobbies. One to one staffing was provided where people needed this level of support or confidence. During our inspection visit, people went out with staff or on their own according to their needs, such as going to the shops or out for a coffee.

- People from other provider homes close by got together at certain events so people had the opportunity to build friendships with other people and staff.

- People were treated as individuals and encouraged to follow their own routines.

- People's communication needs were identified and the levels of support they needed. This included how staff managed their medical conditions but also their physical and mental wellbeing. It was clear care plans had improved but further improvement to include the smaller details would help staff to deliver consistent care. The registered manager and nurse agreed to include this.

### 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.

- The registered manager supported people in line with the AIS. The registered manager said they had alternative ways of providing information, but they said those at the service now preferred the written document in front of them, "We can read it and they understand." One person's preferred way was for staff to leave written letters in their room, so they could read them when they were ready and at their own pace.

### Improving care quality in response to complaints or concerns

- Since the new registered manager took up their position in March 2019, there had not been any complaints. The registered manager said they now held regular and frequent house meetings for people to discuss any issues or concerns. People regularly visited the office and the staff team checked people were happy. If concerns were raised, the registered manager said these would be acted upon.

### End of life care and support

- The home provided nursing care and the registered manager aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support.
- Advance care plans, including end of life care, were not completed in those records we reviewed.

## 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 Inadequate because the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

At this inspection this key question has now improved to requires improvement. It was clear steps have been taken and improvement was seen. However, systems and processes need time to test their effectiveness and sustainability.

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

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

- The provider had begun to address the issues from the last inspection. The provider implemented an immediate action plan to address key areas. This included adopting staff dependency tools to support safe staff levels, improving nurse and registered manager availability, improvements to care plans and to retrain staff in essential areas such as safeguarding and medicines administration. This action plan was updated and used by the provider as a universal 'turnaround plan' to make sure, all their other services provided a quality service.
- A new manager took up post in February 2019 and became CQC registered manager on 29 April 2019. They were working with the provider's nominated individual and internal quality teams to prioritise areas for improvement. They and the nurse were in the process of prioritising these. For example, they told us they had improved care plans and medicines management. Plans of care and risk assessments had been completed by internal quality teams and although they were initially limited in detail, these care plans had been improved and continued to be a work in progress. More time and focus on embedding these systems and processes would test their effectiveness at sustained improvement.
- Whilst acknowledging improvement, some improvements were still required. For example, environmental checks ensured the home was safe for people to live in. However, we found a fire risk assessment had not been reviewed annually since its completion in July 2016.
- We found other checks required closer scrutiny. Food and fluid charts completed by staff were not detailed enough and their knowledge of what to record, was inconsistent. We found this had not impacted on people's wellbeing but recommended this was improved without delay. The nurse said further checks would be made and staff would be told, what level of detail was required.
- Some records of internal quality assurance checks post the last inspection and what was checked, was not always detailed or recorded to show what improvements had been made. A first aid box check was completed in May 2017 and recorded items such as plasters as out of date. These

had been left in the box and there was no record if these had been ordered or replaced.

- Accidents and incidents were recorded and included a summary to show how each individual incident had been investigated. However, although the provider's system recorded and reviewed these centrally, trends were not always obvious at home level although people's individual risk assessments recorded actions to take to mitigate risk.

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 last inspection identified significant shortfalls in the service provision. The provider responded with a detailed action plan to improve people's quality of care, and to improve the culture at the service. The registered manager said the culture was improving, "We want to develop the place... in the past it was very management led, although not much management. Staff are learning to trust and I think staff are more open."
- The registered manager said conversations and learning had been taken to ensure it cannot happen again. Staff told us they felt more confident to challenge poor practice.
- The provider used their own internal quality teams to implement change and they arranged for an external consultancy to complete a 'mock CQC' style inspection. These were completed in March 2019 and June 2019. We did not review these reports; however, we did note the June 2019 visit had identified similar points to us about accident and incident monitoring and accurate recording.

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

- Managerial changes were positive. The registered manager at this home would only manage this home, so their time, focus and energy could embed and fine tune how they wanted the service to be delivered. This was not the case previously.
- Staff told us the nurse and registered manager worked well and having them onsite was a positive step. The associate director for quality and service transformation said things were more settled and the internal quality teams could now go back to their main role to have oversight of the service instead of directly implementing the changes.
- Staff were clear of their roles, their responsibilities and staff told us the team was more cohesive. One staff member said this benefitted those people in their care because the atmosphere was more relaxed.

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

- Staff told us they had regular staff meetings, and these were used as an opportunity to share their thoughts whilst receiving feedback and updates about the service and people in their care.
- The rating from the provider's last inspection was displayed, as required, in the entrance hall of the home.

Continuous learning and improving care

- The provider's 'turnaround' plan is an example of how learning has been shared across the provider. This internal scrutiny has led to the provider to develop key performance indicators so various aspects of the service can be audited and measured against a set target.
- Communication with the provider has shown plans have adapted to strengthen and improve the quality of care people receive.

Working in partnership with others

- The provider has worked closely with CQC since the service was placed in special measures by keeping us informed of progress. Local Authority Quality teams visited in February 2019. Action points were set up and

worked towards.

- The provider has worked with an external consultant to independently test their improvement against our key lines of enquiries.
- The registered manager said they felt relationships with other healthcare specialists was working well and support for people was accessed when needed. Improved documentation with other healthcare professionals helped supports good outcomes.