

Enterprise Care Support Ltd

# Enterprise Care Support Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was conducted over three days on 27 and 28 September and 2 October 2018.

Enterprise Care Support Limited is a home care agency. It provides personal care to people living in their own homes in the community. At the time of our inspection this agency was providing a home care service to approximately 90 older people living in the London Boroughs of Camden, Merton, Wandsworth and Lambeth, as well as the home county of Surrey. People receiving a home care service from this agency had a range of personal and health care needs. The agency also specialised in providing a home care service, although not exclusively, to people who spoke a range of Asian languages.

The service continued to have a registered manager in post who was also the owner. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the service's last two CQC inspections, which we carried out in November 2016 and 2017, we found staff had failed to follow best practice guidelines for the recording of the administration of medicines. This meant it was unclear if people had received their medicines and if they had, who had administered them. This repeated failure to identify and address these on-going medicines recording issues also indicated the provider's management oversight and scrutiny arrangements were not being operated effectively. Consequently, we rated the service 'Requires Improvement' overall and for the key questions, Is the service safe and well-led?

At this inspection we found the provider had made improvements and now met the regulations and fundamental standards. We have therefore rated them 'Good' overall and for all five key questions, Is the service safe, effective, caring, responsive and well-led? This was because the provider had improved its governance systems. Quality assurance records showed field supervisors now routinely assessed staff's medicines recording practice as part of their bi-monthly spot checks on staff during their scheduled visits. Consequently, we found no gaps or omissions on medicine's administration records (MAR) sheets we looked at. This meant we could also be assured people received their medicines as prescribed.

Staff continued to receive appropriate training and support to ensure they had the right knowledge and skills to effectively meet most people's needs. However, records showed staff who regularly supported people with a learning disability or mental ill health needs had not received any additional training in understanding how to meet these individual's specific needs. This meant some staff might not have the right mix of competencies to effectively perform their roles and responsibilities. We have made a recommendation for staff training about people living with a learning disability or autism and mental ill health.

Furthermore, although people had been given essential information about the service, we found the service users' guide, the provider's complaints procedure and people's care plans were not always available in easy to understand pictorial formats for people with learning disabilities or sensory impairments. This meant some people might not be able to understand all the information they were given about the agency, which could limit their opportunities to be actively involved in making decisions about the home care and support they received. We discussed this issue with the registered manager/owner who agreed where appropriate easy to understand pictorial, large print and audio versions of these documents should be available for people with specific communication needs. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

The comments above notwithstanding, people and their relatives told us they remained happy with the standard of the home care service they or their family members received from Enterprise Care Support. People felt their regular care workers were friendly and kind. Staff knew the people they regularly supported well and had clearly built up good working relationships with these people and their families. This was confirmed by discussions we had with people and their relatives.

People continued to feel safe with the staff who regularly provided their home care and support. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff.

People did not have major concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were continuously monitored by managers and senior staff to ensure people experienced consistency and continuity in their care and that their needs could always be met.

Managers and senior staff were in regular contact with the staff team to check they were clear about their duties and responsibilities to the people they cared for. Staff adhered to the Mental Capacity Act 2005 Code of Practice. People were supported to eat healthily, where the agency was responsible for this. People received the support they needed to stay healthy and to access healthcare services.

Staff were caring and continued to treat people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were nearing the end of their life, they received compassionate and supportive care.

People continued to receive personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date, personalised care plan, which set out how their specific care and support needs should be met by staff. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly. The provider operated an effective service user and staff matching process. People received continuity of care from a small group of designated staff who were familiar with their needs, daily routines and preferences. Staff communicated with people in appropriate and accessible ways. The staff team spoke a variety of different languages, which meant staff could be suitably matched with people whose first language they understood.

Managers and senior staff provided good leadership. The provider had an open and transparent culture. People felt comfortable raising any issues they had about the provider. The service had arrangements in

place to deal appropriately with people's concerns and complaints. The provider also routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Staff felt supported by their line managers.

## 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 has improved from 'Requires Improvement' to 'Good' and is now considered safe.

This was because the provider had improved the way they managed and recorded medicines they handled on behalf of the people they supported. We found no gaps or omissions on MAR sheets we looked at. This meant we could be assured people now received their medicines as prescribed and in a safe way.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

### Is the service effective?

Good ●

The service continues to be effective and retains its 'Good' rating for this key question.

Staff continued to receive appropriate training and support to ensure they had the right knowledge and skills to effectively meet most people's needs.

However, staff who regularly supported people with a learning disability or mental ill health needs had not received any additional training in understanding how to meet these individual's specific needs. We have made a recommendation about staff training on the subjects described above.

Staff were aware of their responsibilities in relation to the MCA. People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

### Is the service caring?

Good ●

The service continues to be caring and retains its 'Good' rating for this key question.

People said staff were kind, caring and respectful. Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People received continuity of care from a small group of designated staff who were familiar with their needs, daily routines and preferences. Staff communicated with people in appropriate and accessible ways.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

When people were nearing the end of their life, they received compassionate and supportive care.

### Is the service responsive?

Good ●

The service continues to be caring and retains its 'Good' rating for this key question.

People were involved in discussions and decisions about their care and support needs.

People's care plans reflected people's choices and preferences for how care was provided. These were reviewed regularly.

People with a learning disability or sensory impairment could not always access information they might find useful because it was not available in easy to understand formats.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

### Is the service well-led?

Good ●

The service has improved from 'Requires Improvement' to 'Good'

and is now considered well-led.

This was because we found the provider had improved their governance systems since our last inspection. Field supervisors now routinely assessed staff's punctuality, care practices and record keeping as part of their bi-monthly spot checks on staff during their scheduled visits. Managers and senior staff provided good leadership.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

# Enterprise Care Support Limited

## **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.

This comprehensive inspection was brought forward by three months in response to information we received from two anonymous whistle blowers concerned about the quality of their employment checks, training and support Enterprise Care Support had provided them when they had worked for this agency. The information shared with us indicated potential concerns about the way this home care agency was being managed.

This inspection was conducted over three days on 27 and 28 September and 2 October 2018. The first day of our inspection was unannounced because of the information we received about this home care agency described above. We told the provider we would be telephoning people who used the service and their relatives on the second day and returning to their offices on the third and final day. The inspection was carried out by one inspector.

The provider did not have enough time to complete a Provider Information Return (PIR) because we brought this inspection forward by several months at short notice. 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. We took this into account when we inspected the service and made the judgements in this report.

Prior to carrying out the inspection we received email feedback about the service from three external local authority commissioners.



On both the first and third days of the inspection we visited the agency's offices and spoke face-to-face with the registered manager/owner and the deputy manager. We also looked at various records including ten people's care plans, 18 staff files and a range of other documents that related to the overall management of this home care agency. On the second and final days we made telephone contact with nine people receiving a home care service from this agency, three relatives and six care staff. On the final day we also spoke face-to-face with a person receiving a home care service from this agency and their visiting friend. We also looked at this person's care records, which staff maintained and kept in their home.

# Is the service safe?

## Our findings

At our previous two inspections of this service, which we carried out in November 2016 and 2017, we identified ongoing concerns relating to staff not always following best practice guidelines for the recording of medicines they had administered. This meant it was unclear if people received their medicines as prescribed, and if they had, who had administered them.

At this inspection we found, where the service was responsible for this, medicines were now managed safely. People told us staff supported them to take their prescribed medicines on time. One person said, "My carers always make sure I take my medicines when I'm meant to", while another person remarked, "My carer never forgets to tell me to take my medicine."

We saw staff appropriately maintained records of medicines they had administered with no gaps or omissions on any of medicines administration records (MAR) sheets we looked at. In addition, the provider had improved the way they monitored staff's medicines handling practices. Quality monitoring records indicated the way staff managed medicines during a scheduled visit was observed at bi-monthly spot checks undertaken by one of the provider's three field supervisors. People's care plans contained detailed information about their prescribed medicines and how they needed and preferred them to be administered. Staff had completed training in the safe management of medicines and their competency to handle medicines safely continued to be routinely assessed and discussed during group supervision meetings.

People and their relatives told us they felt safe receiving a home care service from this provider. One person said, "I feel safe with my regular carers who I've got to know pretty well over the years." The provider had robust systems in place to identify, report and act on signs or allegations of abuse. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people, remained safe and to prevent reoccurrence of similar concerns.

Measures were in place to reduce identified risks to people's health, safety and welfare. Risks people might face due to their specific health care needs were assessed and routinely reviewed. We saw risk management plans were available for staff to follow and keep people safe. For example, we saw moving and handling risk assessments included risk management plans associated with falls prevention, the safe use of mobility hoists and people's home environment, which included fire safety. A relative told us, "Staff know how to transfer my [family member] properly in her mobile hoist and they make sure there's always two of them so she's safe." Staff demonstrated a good understanding of risks to people they supported.

Maintenance records showed specialist medical equipment used by staff on scheduled visits, such as mobile hoists, were regularly serviced in accordance with the manufacturer's guidelines.

At our last two inspections we have received mixed comments from people, their relatives and professional

representatives about staff being constantly late for their scheduled visits. At this inspection, although we continued to receive a few negative comments from people's social care professional representatives; most people told us they felt staff time keeping had improved and the provider was much better and notifying them if their care worker was going to be late. Typical feedback included, "Sometimes my carers are late, but the office is usually pretty good at letting us know when staff are going to be late", "On the whole I think staff punctuality has improved lately" and "There continues to be problems with care workers running late, but it seems to be less of an issue now." We saw the staff rota was planned. Staff told us they felt their scheduled visits were well-coordinated by the office based senior staff who ensured they had enough time to complete all their designated tasks and meet the needs of the people they were supporting.

We discussed this ongoing issue about staff time keeping with the registered manager/owner who told us since the last inspection senior supervisors now checked the times staff arrived and left their scheduled visits during their monitoring visits. Records indicated most staff usually arrived and left their scheduled visits on time. The registered manager/owner confirmed they would not be introducing an electronic call monitoring (ECM) system as stated at their previous inspection because they felt the spot checks undertaken by senior supervisors were a more than adequate way of quality assuring staff time keeping.

The provider's staff recruitment procedures remained robust. The provider operated staff recruitment procedures that enabled them to check the suitability and fitness of all new staff they employed. This included checking staff eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks.

People were protected by the prevention and control of infection. We saw the provider had an up to date infection control policy and procedures. Records showed staff had completed up to date infection prevention and control training. Care staff told us they were always given ample supplies of personal protective equipment (PPE) when they were required to provide people with personal care, which included disposable gloves, shoe covers and aprons.

## Is the service effective?

### Our findings

The provider ensured staff had the right skills and knowledge to deliver effective home care to people. Relatives told us staff were good at their job. All new staff received a thorough induction that included shadowing experienced staff on their scheduled visits and completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff also received an employee handbook. Existing staff received ongoing training the provider considered mandatory. Staff we spoke with demonstrated a good understanding of their working roles and responsibilities. Staff also spoke positively about the training they had received. Typical feedback included, "I've had all the training I need", "The training we get here is very good" and "We get lots of ongoing training. It's always being updated."

However, records showed staff who regularly supported people with a learning disability or mental ill health needs had not received any additional training in understanding how to meet these individual's specific needs. This meant these staff might not have the right mix of competencies to effectively perform their roles and responsibilities. We recommend the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with a learning disability/autism spectrum disorder and mental ill health.

Staff had sufficient opportunities to review and develop their working practices. There was a rolling programme of quarterly group supervisions and team meetings with supervisors and managers, as well as annual work performance appraisals. It was clear from discussions with staff they felt they received all the support they needed from the registered manager and field supervisors. Several staff told us the meetings enabled them to reflect on their working practices and training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required varied and was based on people's specific health care needs and preferences. One person told us, "I get the meals I ask for at the times I want." Staff had received basic food hygiene training.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This meant others involved in the person's care and support had access to essential information about their health and well-being. When staff had concerns about a person's health and well-being they notified the managers and senior staff so that appropriate support and assistance could be sought from the relevant health care professionals.

## Is the service caring?

### Our findings

People and their relatives spoke positively about Enterprise Care Support and typically described the staff who worked for them as "friendly" and "kind". One person told us, "I have no complaints about my main carers. They're fabulous", while another person's relative remarked, "The staff are so good to my [family member]." We also saw the provider had received a dozen written compliments from people and their relatives about the standard of care and support received from Enterprise Care Support in the past year.

People were supported and treated with dignity and respect. People told us staff respected their privacy. Records indicated it was mandatory for all staff to successfully complete a dignity awareness course known as the 'Dignity challenge'. Staff spoke about people they supported in a respectful way and gave us several good examples of how they had upheld people's privacy and dignity when they provided personal care such as, always using a towel to keep a person covered and ensuring bathroom and bedrooms doors were closed.

The provider had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality training was mandatory as part of new staff induction and guidance on the provider's confidentiality policy was included in the staff handbook.

The provider operated an effective system to help match people receiving a service with the right staff. Most people told us they received continuity of care from a small group of designated staff who were familiar with their needs, daily routines and preferences. One relative said, "The continuity of care for my [family member] is pretty good these days because they agency always sends the same carers", while another relative remarked, "I was concerned about the constantly changing staff who provided my [family member's] home care when we first starting using this agency, but we are now happy with the core group of staff that regularly visit us." People confirmed they could state if they preferred to be supported by a member of staff of the same gender. The registered manager gave us a good example of how they had met the religious needs and expressed wishes of a person's family to only have male care staff provide personal care to their family member.

Staff communicated with people in appropriate and accessible ways. Several relatives expressed satisfaction with the way staff communicated with them or their family members. Typical comments included, "My [family member] doesn't speak English that well, so it's excellent that the staff who come here are able to communicate with my [family members] in the same language she grew up speaking", "We really value the fact that the staff can talk to our [family member] in their first language" and "It makes such a difference the staff understand our language and customs." People's care plans contained information about their personal communication styles and preferences and how individuals made choices and decisions about the care and support they received. The registered manager confirmed the staff team spoke a variety of different Asian language's, including, Gujarati, Urdu, Tamil, Punjabi, Hindi or Bengali, which meant staff could be suitably matched with people whose first language they spoke and/or understood. Staff also received equality and diversity training. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

People were supported to be as independent as possible. One person told us, "I like to remain independent and my regular carers are good at letting me get on things I can do myself. I still like making my own cups of tea and combing my hair." Care plans contained information about people's level of dependency and the specific support they needed with tasks they couldn't undertake independently, such as getting washed and dressed or shopping. Staff gave us several good examples of how they supported people to do as much as they could and wanted to do, such as managing their own medicines or washing themselves.

## Is the service responsive?

### Our findings

People were given essential information about the service. People and their relatives told us they had been given a 'Service Users' guide, which set out the agency's aims and services they provided, and a care plan. However, we found there were no easy to understand pictorial, large print or audio versions of care plans, the 'Service users' guide or the provider's complaints procedure. This meant people with a learning disability or visual impairment might not be able to easily access the essential information contained in these documents, which might limit their opportunities to be actively involved in making decisions about the home care and support they received.

We discussed this issue with the registered manager/owner who agreed where appropriate easy to understand pictorial, large print and audio versions of these documents should be available for people with specific communication needs. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

People, or those acting on their behalf, were involved in helping plan the care and support they received from this home care agency. People told us the registered manager had visited them at home to discuss the package of care and support they wanted to receive from Enterprise Care Support.

People received personalised care which was responsive to their needs. We saw people's care plans were personalised and focused on an individual needs, abilities and choices. They also included detailed information about how they preferred staff to deliver their personal care. Several staff said they had been told about the needs, choices and preferences of the people they provided care and support to.

Care plans were reviewed at least annually, or much sooner if there had been changes to people's needs or choices. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

People were given choices about various aspects of their daily lives. Care plans contained detailed information about the personal care choices people using the service were routinely offered by staff. Staff told us they respected people's right to make an informed decision about the care and support they received and gave us some good examples of how they promoted choice.

The provider had suitable arrangements in place to respond quickly to people's concerns and complaints. One relative gave us a good example of prompt action the provider had taken in response to concerns they had raised about their family member receiving care from staff who were not familiar with their daily routines and wishes because the care workers were constantly changing. This relative told us, "[The owner] listened to what I had to say about constant changes to the staff. I'm so much happier now we get the same group of staff who know my [family member] well and what she needs." Furthermore, an external social care professional explained how the provider had taken appropriate action to swiftly deal with a complaint made by their client in relation to the attitude of a care worker. They said, "We've had a recent issue of a care



worker being rude to one of our clients, but this was dealt with quickly by [the owner]."

People and their relatives said they knew how to make a complaint about the service if they needed to. We saw the provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. A process was in place for the registered manager to log and investigate any complaints received, which included actions taken to resolve any issues raised.

When people were nearing the end of their life, they received compassionate and supportive care from the agency. People's preferences and choices for their end of life care were clearly recorded in their care plan. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision. Records indicated staff had completed end of life care training.

## Is the service well-led?

### Our findings

At our previous inspection, which we carried out in November 2017, we identified a number of concerns relating to the provider's arrangements for the management oversight and scrutiny of the agency. Specifically, we found their governance systems were not always operated effectively because for the second consecutive comprehensive inspection we identified large numbers of omissions on medicines administration records (MAR) sheets. This indicated the provider was not always effectively monitoring or improving all aspects of the service, so that people experienced good quality, safe care.

At this inspection we saw the provider had improved their governance systems to monitor and review the quality of care people received. The regular spot checks undertaken by field supervisors on staff now looked specifically at their punctuality, attitude and care practices, including the use of mobile hoists and record keeping in relation to people's daily notes, care plans and (MAR) sheets. In addition, field supervisors spoke in-person or by telephone with staff at least once a quarter to discuss their time and record keeping. During a visit to a person's home we saw staff had appropriately maintained their daily care notes, care plan and MAR sheets, in accordance with the provider's record keeping protocols and recognised best practice. Furthermore, we saw the provider continued to use an electronic monitoring system which automatically flagged up when staff training or supervision meetings were about to become overdue.

The service continued to have a clear leadership structure in place. The registered manager who also owned the business remained unchanged. They continued to be supported by a deputy manager and two field supervisors who oversaw staff training, quality assurance and the overall operation of the home care agency.

The registered manager demonstrated a good understanding of their role and responsibilities with regard to their legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The provider promoted an open and inclusive culture which welcomed and considered the views and suggestions of people using the service and their relatives. A relative told us, "The owner or one of the senior staff often come to our house to talk to me and my [family member] about how we're getting on with our carers." The provider used a range of methods to gather people's views which included face-to-face meetings with senior staff who visited people at home every eight weeks as part of the provider's quality monitoring arrangements and annual care plan reviews and satisfaction surveys. The result of the provider's most recent annual satisfaction survey indicated most people were happy with the standard of home care service they received from Enterprise Care Support. Most people said staff were always polite, friendly, on time and good at listening to what they had to say.

The provider valued and listened to the views of staff. Staff spoke favourably about the way manager's and senior staff ran the agency. Staff had regular opportunities to contribute their ideas and suggestions to the management of the agency through regular individual and group meetings. Records of this contact showed discussions regularly took place which kept staff up to date about people's care and support and

developments at the agency. One member of staff said, "I think the owner does listen to what we have to say", while another member of staff remarked, "It's a good place to work. All of us get along and work well together."

The registered manager worked closely with various local authorities and community health and social care professionals to review joint working arrangements and to share best practice. For example, the registered manager told us they were in regular contact with people's social workers and district nurses and frequently discussed people's changing needs and/or circumstances with the relevant professional bodies.