Franciscan Missionary Sisters

St Annes Residential Care Home

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

About the service

St Anne's Residential Home accommodates a maximum of 19 older people, some of whom were living with dementia in one adapted building. At the time of this inspection 18 people were living at the home. The adapted building is owned and maintained by the Franciscan Missionary Sisters of Littlehampton. The service was tailored for, but not limited to, people from the Roman Catholic Church. There is a shared lounge and dining room as well as an activity lounge, chapel, kitchenette facilities and a beautiful garden for people to enjoy. Accommodation is over two floors which are accessible via stairs or lift.

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

People felt safe and told us they enjoyed living at the service. Risks to people had been assessed and staff followed guidance to keep people safe. There were enough staff to meet people's needs. Medicines were managed safely, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong and systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervision and an annual appraisal. People enjoyed the food and were able to choose what they had to eat and drink. People had access to a range of healthcare professionals and support.

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.

People and relatives were positive about the care and support received at St Anne's. They told us staff treated them with kindness and we observed friendly interactions throughout the day. People were encouraged to be involved in daily decisions about their care and support and were treated with dignity and respect. Relatives were made to feel welcome.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences, interests and suggestions. People and relatives told us they felt comfortable to make a complaint and knew how to do this.

Quality assurance systems and monitoring completed by the registered manager and senior staff facilitated on going improvement of services provided.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 August 2018) there was a breach of regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was not always well-led.

Details are in our well-Led findings below.

St Annes Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

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

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This comprehensive inspection was unannounced. The inspection was carried out on 16 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection

We observed the support that people received and spoke with people and relatives to gain their feedback about St Anne's Residential Home
We spoke to eleven people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to one visiting relative, the deputy manager and five members of staff including; care workers, housekeeping staff, maintenance person, chef and the hairdresser.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One person told us, "l love this place, I feel safe. I lived alone for sixteen years and got lonely. I have no concerns about living here at all. I had a fall and staff used a hoist to get me off the floor and made sure I had no injuries. They were so kind."
●Systems were in place to ensure staff had the right guidance to keep people safe from harm.
● Staff were trained and understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
● The registered manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

Assessing risk, safety monitoring and management

● Care plans detailed people's specific risks and conditions. For example, the type of equipment needed for moving and handling and preventing falls. One member of staff told us, "If it was identified that someone was falling regularly the staff team would work together to look at preventative measures such as, making a referral to the falls team, reviewing the person's medication and environmental factors."
● We found guidance for staff in people's care plans to support and manage risks around the prevention of pressure sores and how to support people with their oral care needs.
● Risks associated with the safety of the environment and equipment were identified and managed appropriately.
● Equipment such as hoists, wheelchairs and pressure mattresses were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
● Scheduled checks of the premises and equipment helped to ensure that any ongoing maintenance issues were identified and resolved.
● A schedule was used to ensure the home was maintained safely. This included dates for upcoming checks such as lift maintenance, fire alarms, equipment and electrical safety.
● Staff received health and safety training and knew what action to take in the event of a fire. People had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

Staffing and recruitment

● Staffing numbers were reviewed and assessed dependant on people's needs. We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. People and relatives told us, they thought there were enough staff to support them and call bells were responded to quickly.
● The provider had an established care team, some of whom had worked at the home for many years.

● Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
● Staff recruitment folders included employment histories, suitable references and appropriate checks were carried out to ensure that potential staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) for staff.

Using medicines safely

● People received their medicines safely and on time.
● Safe systems were in place for the storage and disposal of medicines. Medicine expiry dates were checked weekly and a monthly audit of all medicine cupboards were checked, and expired medication was disposed of. We observed these checks being recorded.
● Systems were in place to record daily temperatures of the medicine cabinets and these were audited monthly.
● Staff had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe.
● We observed staff administering medicines, being caring and friendly to people, staff took their time to interact with people, they knew them well and gave people their medicines in accordance with their preferences.

Preventing and controlling infection

● People were protected from the risk of infection. People and relatives told us they thought the home was clean. One relative told us, "It is always clean and fresh when I visit."
● Personal protective equipment (PPE) such as gloves, aprons and hand sanitizer were located across the home, with hand washing signs in the communal bathrooms to guide people. We observed staff using PPE when appropriate and washing their hands throughout the visit.
●There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free.
● Staff confirmed that they had infection control and food hygiene training.

Learning lessons when things go wrong

● Lessons were learned when things went wrong and accidents and incidents were managed safely. For example, when a medication error occurred lessons were learnt to prevent any reoccurrence.
●The registered manager analysed accidents and incident including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, falls and errors with medication.
● Staff understood their responsibilities to raise concerns, record safety incidents and near misses and report them to the registered manager where appropriate.

Good

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. At this inspection this key question has now improved to 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 the last inspection we found that there was a lack of consistency around understanding a person's perceived capacity. Documents did not record conversations with the person or others relevant to the decision. At this inspection we found the registered manager had taken action to attend additional MCA training and had sourced appropriate documentation to record conversations with people, relatives and professionals.
- The registered manager had assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. For example, when people were unable to leave the home and access the community without support. Consideration was given to options that were least restrictive to the person.
- Mental capacity assessments were completed for specific decisions.
- People were asked for their consent and were involved in day to day decisions and the care provided. We saw people being given choice and involved in decisions throughout the inspection, such as where to sit and eat their meals. People were enabled to freely move about the home.
- One member of staff told us, "I always assume people have capacity, giving choice and information in the least restrictive way. For example, we always ensure staff are around if people choose to access the garden."

Staff support: induction, training, skills and experience

● People received care and support from trained staff who knew them well. Staff accessed mandatory training covering key areas, such as moving and handling, pressure care, dignity and respect. The registered manager reviewed training on a monthly basis to ensure staff knowledge was up to date.
● People and relatives told us they thought staff were well trained. One member of staff told us, "There is enough training, and I feel comfortable to request more training. I am currently doing my QCF level 3".
● New staff completed an induction and completed the care certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care expected from care workers. Staff were also encouraged to complete further courses such as the Health and Social Care Diploma (HSCD) and the Qualification and Credit Framework (QCF).
● Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues.

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

● A pre-assessment was carried out before people moved into the home to help gain an understanding of people's backgrounds, needs and choices. This information was used to form people's care plans and was further developed as staff got to know people better.
● Care plans confirmed that people and their relatives (where possible) were involved in this process and that people consented to care and treatment.
● Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. The service was tailored for, but not limited to, people from the Roman Catholic Church. This demonstrated that people's diversity was included in the assessment process.
● Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures. For example, people's religious beliefs and sexuality.

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

● People's dietary needs and nutritional requirements were assessed and accurately recorded to help people maintain a balanced diet.
● People were given a choice of food at mealtimes and alternatives were available.
● People told us that they enjoyed the food. One person told us, "We had fish and chips from the shop once as a treat and it was horrible and not as good as our cook makes."
● Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those in need of a diabetic or gluten free diet. Care plans contained details of people's nutrition and hydration needs
● We observed lunchtime and found it to be a sociable occasion. Staff supported people to eat and drink and did not hurry them.
● People's weight was monitored on a monthly basis and advice was sought from the GP and dieticians if people were at risk of malnutrition.

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

● People's care plans reflected appointments and when referrals had been made to specialist teams. We found guidance to staff following appointments with GP's and specialist nurses to manage people's health

conditions such as, Parkinson's disease and diabetes.

● People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GP's, district nurses, social workers, opticians and a chiropodist.

● For example, one person had regular falls due to their condition, staff worked with the falls team and GP to prevent more falls happening. We found clear guidance in the persons care plan following advice from key professionals.

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

● The home had been adapted to meet the needs of people. There was a lift to the first floor and people could freely mobilise around the home to help maintain their mobility.

● When people moved to the home they were able to personalise their rooms with their own belongings. People told us they were very happy with their rooms.

● There was signage across the home to support people with dementia to maintain their independence.

● The home had a resident cat called Tom. One person told us, "I have moved rooms so that I am nearer the lift and the dining room which is easier for me in my wheelchair. I have lived here for seven years and like it very much although I can't do as much as I used to. To cheer me up if I am not feeling well, I get a message to say Tom is missing me. He is the house cat."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

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

● People were treated with kindness and compassion by staff in their approach. People and relatives told us they thought the staff were kind, caring, helpful and respectful and this was evident in our observations throughout the day.
● One person told us, "I am very happy, I love it and can't remember how long I have lived here, so it must be good. Staff leave me to do as I want. I like to stay in my room, but I always go to the dining room for lunch to see everybody"
● We saw good interactions between staff and people, they knew each other well and had developed caring relationships. People appeared relaxed and calm in the presence of staff. One person told us, "The staff are all very kind and I am so grateful that I am here. I feel very safe and very well looked after and the best thing is that feeling of being cared for. They all care for us."
● Staff adapted their communication style. One member of staff told us, I adapt my body language to ensure the person can see me and my approach to get on their level."
● We observed staff taking an interest in people's day and giving them encouragement and reassurance when needed.
● Staff treated people equally and recognised people's differences. People had opportunities to visit the chapel and attend mass on a Tuesday and Saturday.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and confidentiality was respected. We observed staff knocking on people's doors before entering, using people's names and ensuring people's dignity was respected. One member of staff told us, "I always knock on the door and ask people if its ok to clean their room and what items they want to be thrown away such as newspapers."
● People were supported to be independent. We observed a member of staff supporting a person to put their clothes away in their chest of drawers, so that they could find the clothes easily that they wanted to wear. One person told us "I get up and go to bed when I want, and staff help me when I ask." Another person told us, "I moved from another home and I am able to be independent. I make my own bed and can wash and dress without staff assistance."
● People were supported to maintain and develop relationships with those close to them.

● Friends and relatives were made to feel welcome. One relative told us, "We can use the sitting room if more of the family come to visit and we are able to make drinks and snacks in the kitchen next door which is nice if several of us come as there isn't enough space in Mums room. I come in when I please and there are no visiting restrictions."
● People had developed a wonderful connection with each other and we observed people sharing stories about their lives. They told us, "We love the company, friendship and being able to do nothing. No more housework."

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

● Staff supported people to make decisions about their care and express their views. People's relatives and professionals (where appropriate) were involved in decisions about people's care.
● People's views were sought through reviews and daily interactions.
● We observed staff giving people choice throughout the day. People chose what time they got up, where they wanted to eat their lunch and how they wanted to spend their day.

Good

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care that was responsive to their needs. People's care plans were person-centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. One member of staff told us, "We get to know people through general conversation and their care plan which talks about the person's life story. As a keyworker we spend time with people getting to know their history and developing their life story so that staff can get to know them better."
● From our conversations with staff, it was clear they knew people well. We observed staff tailoring their approach to people when providing support and care. For example, offering people reassurance if they were upset and taking time to spend with them.
● Staff communicated well. At the end of a shift, relevant information was handed over to staff coming on duty to ensure they were aware of any changes to people's care needs.
● People, their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
● Changes in people's health or care needs were quickly communicated and updated in their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were identified, recorded and highlighted in people's care plans. For example, picture cards to support people's communication and help them express their wishes and preferences.
● We observed Information available in large print and staff supporting people to read information when they needed assistance.

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

● People had access to a range of activities to support people in their well-being, enjoyment and stimulation. People talked about the rabbits in the garden and how they named them. They spoke fondly about how they fed them and could take the rabbits out on a lead for a walk around the garden.
● We observed people enjoying an art class with an external facilitator who visits the home each week. There was music playing the background. People were really engaged in the activity and appeared relaxed with lots of chatting amongst the group. At the end of the art class two people were arranging to meet up for a game of scrabble after lunch.
● People were encouraged to spend their day how they chose and could join in activities such as knit and natter, where people knitted squares to make blankets to give to charities. There was an area under the window for people to sit and read quietly. People had movie afternoons and one person told us, "I used to garden a lot and I enjoy it. I help here with dead heading but it's a big garden."
● People appeared really happy to live at St Anne's and told us, there was enough going on each day that kept them busy. People had made lovely friendships with other people and regularly organised social events in each other's bedrooms or communal areas to play games or just sit and talk. One person told us, "I came here because I can't bear the loneliness of living alone and here there is always staff about and I can do the activities."
● People were supported to maintain relationships with those important to them. The service had Wi-Fi and people had access to phones and tablets. One member of staff told us, "People have phones in their rooms. One person has a tablet and staff support them to use it and remind them to charge the device."

Improving care quality in response to complaints or concerns

● People and their relatives knew who to contact if they needed to raise a concern or make a complaint and told us they would be comfortable to do so if necessary.
● We found complaints information on noticeboards and people and their relatives were given a copy of the complaints policy.
● The registered manager responded to complaints promptly. For example, following complaints from people and relatives about people's clothes being mixed up. The provider took action to employ a dedicated laundry person. This has meant following improvements to the laundry system there had been no more complaints.

End of life care and support

● Staff supported people sensitively who were at the end stages of their life.
● People's end of life care wishes, and preferences had been recorded, including who to contact in the event of their death and funeral arrangements.
● Whenever possible people would be able to stay at the service until they died, however, the manager was aware that any changes to people's health would need to be reviewed to ensure that the service was able to safely meet the persons needs and provide appropriate support.

Good

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

● At the previous inspection we found some inconsistencies in documentation which included staff files and specific risks to people were not always reviewed and updated. Staff had not always signed to show that creams had been applied on people's MAR charts and guidance to staff for people for 'as required' medication was not in place.
● The provider submitted an action plan following the last inspection to show how they had improved these areas of concern. At this inspection we found the provider had embedded a PRN protocol, giving clear guidance to staff on when to administer 'as required' medication safely. We found people's documentation identified risks to people clearly and MAR charts were now signed to show when creams had been applied. Improved audit schedules had been put into place to ensure documentation and staff files contained accurate information.
● The registered manager had created an open and positive culture that delivered high quality person-centred care. One relative told us, "I looked at other homes before Mum came here and this one stood out as good when I looked round."
● There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.

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

● The registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers

must follow if things go wrong with care and treatment.

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

● The registered manager promoted an open and honest service and led by example. A member of staff told us, "The manager is proactive and involved in the day to day."
● We observed the deputy manager responding quickly to staff requests and people throughout the day.
● Staff understood their roles and responsibilities and what was expected of them. They were given staff handbooks to help staff understand what was expected from them. The staff team smiled as they went about their job and genuinely seemed to care about each other and people.
● One member of staff told us, "As a care worker my role is to meet people's needs, support them and enable independence." One person told us, "The staff are marvellous and understanding, I ring a bell and they are here." Another staff member told us, "This is a peaceful place to work, good staff atmosphere and calm. I feel listened to and supported by the manager.
● Quality assurance processes were in place such as, audits, annual reviews with people and relatives, to help drive improvement within the service.
● We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.
● The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

● People, relatives and visiting professionals were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings.
● People, their relatives and staff took part in yearly surveys. People, relatives and staff told us, they felt listened to by the provider and registered manager.
● There was a comments box at the entrance of the home for people and visitors to leave feedback about the home. One visitor left a comment which said, "Your kindness and commitment to St Anne's is outstanding and it is important."
● Staff handovers were held at the beginning of each shift to share key information about people's needs and highlight any changes in their health and well-being. This ensured staff were verbally updated about people and were given the opportunity to ask questions regarding people's health and well-being.

Continuous learning and improving care

●The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
● Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication. The deputy manager gave an example, where the home took the decision to put locked medication cabinets in people's bedroom rather that storing medicine in the drugs trolley. This has led to less medication errors.

Working in partnership with others

● Staff worked in partnership with other organisations to ensure people's needs were met. For example, we found that referrals were made to the falls team and speech and language team (SALT) for input on how to support the person.
● Advice by health professionals was used to ensure the safety and wellbeing of people was maintained.