The Grace Eyre Foundation

Grace Eyre Shared Lives London

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 announced inspection took place on 24 May 2017. Grace Eyre Shared Lives London provides short and long term shared lives placements and day support to adults, young people and children with a learning disability and or a physical disability or mental health condition.

Grace Eyre Share Lives London recruits, assesses and supports self-employed Shared Lives Carers. In Shared Lives, an adult who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Shared lives carers were supported by a team of shared lives care coordinators and a management team based at the service's office.

At the time of inspection there were 20 people using the service.

This is the first inspection since registration of the service in May 2017. The service was previously registered at a different address.

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

People were happy about the support they received. People were protected from potential abuse. Shared lives carers and care coordinators understood the providers' safeguarding processes and their responsibility to report concerns to keep people safe.

Risks to people were identified and managed appropriately. Shared lives carers had sufficient information about people's health needs and the support they required to keep them safe from harm. Risk assessments were reviewed and updated to ensure they remained effective in providing guidance to shared lives carers on how to support people safely.

People received safe care from shared lives carers. A sufficient number of shared lives carers and care coordinators were deployed to support people and to meet their needs safely. Appropriate approval procedures were followed to ensure shared lives carers were suitable to provide safe care to people using the service.

People were supported to take their medicines safely and in line with the provider's procedures. Medicines were managed appropriately by shared lives carers who had received relevant training to do so.

Shared lives carers were trained for their roles and had the knowledge and skills to deliver effective care. People's care was delivered by shared lives carers who received regular supervision and an annual appraisal to review their practice. The registered manager put development plans in place when needed to ensure any

knowledge and skills gaps were addressed.

People consented to care and treatment. Care and treatment to people was delivered in line with the requirements of the Mental Capacity Act 2005. People had access to advocacy services and shared lives carers and care coordinators ensured a 'best interests' process was followed when a person was unable to make complex decisions about their care.

People's health needs were met and shared lives carers supported them to maintain their well-being. Referrals to healthcare professionals ensured people received appropriate care and treatment.

Shared lives carers provided support to people in a caring and compassionate manner. People had their dignity and privacy upheld at the service. Shared lives carers treated people with respect. Information about people was kept confidential. Shared lives carers had developed positive relationships with people, knew them well and understood how they wanted their care delivered.

People were supported to have sufficient food and drink and encouraged to adopt a healthy lifestyle. Shared lives carers knew people's dietary and nutritional needs and contacted healthcare professionals when they had concerns about their eating and drinking.

People were encouraged to take part in a wide range of activities. People had developed close links and had access to their local community.

Management and shared lives carers carried out assessments of people's needs and put in place plans on how care was to be delivered. People, their relatives, healthcare professionals and advocates where appropriate were involved in planning for their care. Care plans reflected people's individual needs, wishes and preferences about how they wished their support delivered.

People were asked their views about the service and their feedback was used to drive improvements. People knew how to make a complaint if they were unhappy about any aspect of their care and were confident their concerns would be resolved. Information was available to people and their relatives to raise any concerns about the service.

Regular checks and audits were carried out to identify any shortfalls in care delivery. The registered manager and provider put improvement plans in place when needed to maintain good standards of care.

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. People were supported by shared lives carers who had received safeguarding training on how to keep them safe from potential abuse. Shared lives carers and care coordinators understood the safeguarding procedures in place to protect people from harm.

Risks to people were identified and appropriate plans put in place to guide shared lives carers on how to support them safely.

The provider used appropriate recruitment and selection processes to employ shared lives carers and care coordinators suitable to provide care to people. Sufficient numbers of shared lives carers were deployed to meet people's needs.

People received the support they required to take their medicines. Shared lives carers were trained and assessed as competent to manage people's medicines.

Is the service effective?

Good

The service was effective. Shared lives carers and care coordinators received regular training, supervision and the support they required to undertake their roles effectively.

People's care was delivered in line with the principles of the Mental Capacity Act 2005. Best interest's procedures were followed when a person was unable to make a decision about their care. Shared lives carers sought people's consent to care and treatment prior to providing support.

People had a choice of what they ate and were encouraged to eat healthily. Shared lives carers supported people to access healthcare services and to maintain their health.

Is the service caring?

Good

The service was caring. People received care from shared lives carers who were kind and friendly. Shared lives carers knew people well and understood how to meet their needs. People enjoyed living with their shared lives carers and had developed positive relationships with them.

Shared lives carers treated people with dignity and respect and upheld their privacy. People received their care in line with their likes, dislikes and preferences.

People were involved in making decisions about their care. Shared lives carers encouraged people to do as much as possible for themselves.

Is the service responsive?

Good

The service was responsive. People received appropriate care because their needs were assessed. Support plans were reviewed and updated to ensure people received care suitable to their needs.

Care plans centred on people's individual needs and reflected their routines, preferences and health needs. People, their relatives, advocates and healthcare professionals where appropriate contributed to the planning of their care.

People's views about the service were sought and the service responded to their feedback.

People knew how to make a complaint if they were unhappy about any aspect of their care and felt able to discuss any concerns with their shared lives carer.

Is the service well-led?

Good

The service was well led. A registered manager was visible at the service and approachable and supportive to shared lives carers and care coordinators. The service had a transparent culture centred on people.

Quality assurance systems were in place and used effectively to monitor and improve the care and support provided to people.

The service worked closely with healthcare organisations and had positive links with the community.

Grace Eyre Shared Lives London

Detailed findings

Background to this inspection

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

The inspection took place on 24 May 2017 and was announced. The inspection was carried out by one inspector.

The provider was given 48 hours' notice because the location provides personal care service; we needed to be sure that someone would be in the office to support us with the inspection.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection to the service's offices, we spoke with the registered manager, an administrator, two care co-ordinators and the nominated individual.

We looked at five people's care records including medicines administration records, support plans and risk assessments. We reviewed five shared lives carers and care coordinators records relating to recruitment, training, supervision and appraisals. We looked at management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor the quality of the service. We checked feedback the service had received from people and their relatives.

After the inspection we spoke with two people using the service. We received feedback from two healthcare professionals and eight shared lives carers.

Good

Is the service safe?

Our findings

People told us they felt safe living with the shared lives carers. One person told us, "I am happy with my carer and feel very safe with them." Another person told us, "I am pleased with my care. I have no concerns at all."

People were kept safe from potential abuse. A shared lives carer told us, "It is my duty to respect [person's] rights. I have to report without delay any abuse whether physical, financial, sexual or emotional to the office or social services." Shared lives carers and care coordinators had received training in safeguarding and knew how to identify abuse and the procedures to follow to report any concerns. The registered manager and records confirmed reports were made to the local authority safeguarding team to ensure appropriate action was taken to keep people safe from abuse. Shared lives carers were confident that any concerns raised would be taken seriously at the service. They understood the whistleblowing procedures to follow and how to report to external agencies such as the local authority safeguarding team and police about poor practice and abuse.

People's finances were handled appropriately because shared lives carers followed the money handling procedures in place. Care coordinators told us and records confirmed they regularly reviewed receipts and expenditures of people's monies to minimise the risk of financial abuse.

People received the support they required to live their lives as safely as possible. One shared lives carer told us, "If I have any concerns regarding a service user being at risk of anything, I talk to my supervisor and we discuss if anything needs to be done at that point regarding assessing the risk to the individual. The organisation provides support with creating a risk assessment if needed." People, their relatives and healthcare professionals where appropriate were involved in identifying and planning how to manage risks to them. Assessments in place identified risks to each person and the support they required. This included risks to people when accessing the community, choking when eating, using public transport, road safety, falls and behaviours that challenged the service. Records confirmed care coordinators and shared lives carers carried out regular reviews of the risk assessments to ensure they remained appropriate to meet people's needs safely.
People lived in safe premises. Environmental hazards in shared lives carer's homes were identified and plans put in place to ensure people's safety. Arrangements in place ensured health and safety checks on the shared lives carers' homes were carried out regularly to ensure people lived in a safe and maintained environment.

Shared lives carers knew how to support people safely in case of an emergency. They were aware of the emergency response services to call should they recognise sudden changes in a person's health which required immediate action. The service had adequate procedures in place to deal with foreseeable emergencies to protect people from harm. Shared lives carers had support from the registered manager and office staff during the day and had an emergency telephone number for out of office hours' contact in the evening and weekends.

People were protected from the risk of avoidable harm. A record of incidents and accidents was maintained,

monitored and analysed. The registered manager ensured shared lives carers learnt from incidents and put plans in place to prevent a recurrence.

There were sufficient numbers of shared lives carers deployed to provide care to people. The service had shared lives carers on bank which enabled the service to provide cover for additional care alongside the main shared lives carer when required, covering for emergencies, sickness and leave absences. The registered manager told us they reviewed numbers of shared lives carers in line with each person's individual needs and the additional tasks they might wish to undertake such as hospital and social care appointments and holidays. Shared lives carers confirmed they were sufficient numbers of them to support people and that any requests for additional support were promptly reviewed and met.

People's support was delivered safely at the service. The provider followed appropriate recruitment and selection processes to ensure only shared lives carers and care coordinators suitable to provide people's care were employed. Pre-employment checks carried out ensured shared lives carers and care coordinators were suitable and safe to work with people. Shared lives carers and care coordinators told us and records confirmed written references, confirmation of photographic identity, right to work in the UK and Disclosure and Barring Service (DBS) were obtained before new employees started to work at the service. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children.

People took their medicines safely. Assessments were in place in relation to the support each person required to take their medicines. Shared lives carers supported those people who were unable to manage their medicines safely. They encouraged those who were able to take responsibility for their own medicines were possible. Medicines were managed appropriately and in line with the provider's policy. Shared lives carers had undertaken training and demonstrated their competency to manage people's medicines. Medicine administration records (MARs) showed shared lives carers had administered people's medicines as required in the correct dose and times. MARs we saw were completed accurately and records showed they were regularly checked for accuracy by care coordinators.

Good

Is the service effective?

Our findings

People and healthcare professionals told us shared lives carers provided the care and support they needed. One person told us, "My carer does their job very well." Another person said, "I get the support I need and more." A healthcare professional told us, "The [shared lives carers] are well trained and know how to meet people's needs."

People's care was provided by shared lives carers who were trained and skilled to meet their needs. One shared lives carer told us, "The induction was thorough and I got to understand people's needs fully and the help they required. I was equipped to provide the right care." All new shared lives carers underwent an induction before they started to support people. The induction included classroom based training, e-learning, meeting people, reading organisational policies and procedures and completing training considered mandatory by the provider. All shared lives carers who were new to care had undertaken care certificate training, which aimed to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care. The registered manager closely monitored the performance of shared lives carers and care coordinators during their probationary period.

Shared lives carers received relevant training to equip them with the knowledge and skills to provide effective care. They told us the training provided at the service enhanced their effectiveness in their role and that they got regular reminders from the registered manager when they were due for updates. Records showed regular training and refresher courses received included safeguarding, Mental Capacity Act 2005, infection control, food hygiene, fire safety and medicines management. There was also person specific training on managing challenging behaviour and supporting a person with a learning disability. The registered manager maintained records to ensure shared lives carers and care coordinators attended the training they required to be effective in their roles.

People received support from shared lives carers whose practice was supervised and appraised. One shared lives carer told us, "I meet regularly with my manager or care coordinators and talk about what's working well and what areas I need to work on." Some shared lives carers were happy with the support from their colleagues, office staff, the registered manager and senior management. However, other shared lives carers felt they did not always receive timely support and up to date information. Supervision records showed shared lives carers had the opportunity to discuss their concerns and that management had acted on issues raised. Shared lives carers received an annual appraisal of their performance. Appraisal records were detailed and identified personal development plans and the training needed to ensure shared lives carers developed the knowledge they required for their role. Despite the different views of the shared lives carers on the support they received, we were confident that the registered manager and provider continued to work with them to ensure they received appropriate and timely support in their roles.

People received effective care because shared lives carers understood people's communication needs. A healthcare professional commented that shared lives carers understood how to deal with a person's behaviour that challenged others and were effective in managing difficult situations with people. A shared lives carer told us, "We know the triggers of some of the behaviours for [people] and we try to avoid or

manage those situations before they arise." People's care records contained information about the support they required from shared lives carers to communicate their needs effectively.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's rights were respected and only restricted if authorised by a supervisory body. Shared lives carers understood that they needed authorisation to restrict people's freedoms. The registered manager told us there was no person subject to a court of protection to deprive them of their liberty.

People consented to care and treatment and had their support provided in line with the requirements of the MCA. One person told us, "I have a say on how I live my life. My carer asks me what I want to do and how I want things done." People told us shared lives carers respected their decisions and choices. –Care coordinators and shared lives carers understood their responsibilities under MCA and were able to explain how they used it to support people to make decisions about their care. A shared lives carer told us, "We give people information to enable them to make choices about their care." Another shared lives carer commented, "It's about getting people involved in deciding about their daily living." Healthcare professionals, advocates and relatives where appropriate were involved to make a 'best interest' decision about a person's care who was unable to do so. Care plans contained guidance to shared lives carers about how to support people to make decisions and when they were acting in person's best interest.

People enjoyed the food provided and were encouraged to have a healthy balanced diet. One person told us, "I choose what I like to eat. My carer reminds me to have a good portion of fruits, and healthy snacks." Shared lives carers had information about people's food preferences, cultural, religious, dietary and nutritional needs. Healthcare professionals were involved when needed to support people with their eating and weight management concerns. Records showed people's food preferences and dietary needs were met. People were involved in meal preparation when assessed as able to do so and could eat out when they wanted to.

People had access to healthcare services to maintain their well-being. One person told us, "My carer helped to plan visits to my GP when I am not well." Shared lives carers monitored people's health and were quick to observe when they were unwell. They contacted healthcare professionals for guidance on how to meet people's needs. For example, a shared lives carer had sought and followed the guidance on how to support a person manage a change in their mental health needs. Shared lives carers supported people to attend medical appointments and social care reviews to ensure they received the care they required.

Good

Is the service caring?

Our findings

People were happy with the care they received at the service. One person told us, "I am pleased with the support I get." People told us shared lives carers provided their care in a caring and compassionate manner.

People enjoyed good working relationships with the shared lives cares who supported them. One person told us, "It's pleasant being around [shared lives carers]. We get on well." A shared lives carer told us, "We get to know the person as a whole, not just their health needs. This helps create a positive and trusting relationship required in this job." Records showed this enabled people to try out new things and develop their confidence and independence.

People were supported to make decisions about the care and support they received and how they lived their lives. People's relatives, healthcare professionals, social workers and advocates where necessary were involved to provide support to a person when they were unable to plan their care. The registered manager and staff told us they supported people to access advocacy services when required to ensure they enjoyed their rights as equal citizens. Records confirmed people were involved and given sufficient information to enable them to have control of their daily lives. Shared lives carers were able to anticipate people's needs as they knew them well and used this knowledge to communicate effectively with them.

People's care was provided by shared lives carers who understood their needs. A shared lives carer told us, "I know what they [person] like and how they want their care delivered." People were encouraged to maintain relationships that were important to them. Shared lives carers supported people to contact their friends and relatives as they wished and made it easier for them to do so. One person told us, "My family can visit and I phone them as often as I want." Care records contained information about people's preferences, routines, likes, dislikes, communication skills, goals they wanted to achieve and their behavioural support needs.

People were provided with sufficient information about their care and were supported to identify the shared lives carers they would get on well with. A matching process used was based on person's health needs, interests, preferences, and the shared lives carer's skills, knowledge and experience in providing people's care. This took into account the cultures and faiths that were important to the person and the shared lives carer. This process ensured that the person and the shared lives carer got to know each other well before forming any long term commitment to sharing a home.

People's dignity was upheld at the service. A person told us, "The [carers] are respectful. They basically treat me as an adult." A shared lives carer told us, "Each person has rights that we respect at all times." Shared lives carers promoted people's privacy by respecting their space. Each person enjoyed occupancy of a bedroom of their own, their possessions and were treated as individuals. Shared lives carers understood the importance of knocking on people's doors, allowing them to have conversations in private where appropriate and to receive their mail unopened. People told us shared lives carers used their preferred names. Shared lives carers had guidance to enter a person's room with their permission and to offer them a choice to decorate their room. A care coordinator told us and records confirmed they observed how shared lives carers interacted with people when they carried out monitoring visits to ensure care delivered

promoted their dignity and privacy.

People had their information kept safe because shared lives carers and care coordinators knew how to respect their confidentiality. Shared lives carers told us they locked away people's records and did not share information with third parties unless authorised by the registered manager. Shared lives carers understood their responsibilities in line with the provider's data protection and confidentiality policies in relation to protecting people's privacy and dignity and how these applied in the day to day care.

People were empowered to live as independently as possible. One person told us, "I plan how I spend my day and do some chores in the house." Shared lives carers told us they respected people's choices on what they chose to wear, the times they went to bed and woke up and how they spent their day. Shared lives carers supported people in line with the support they required to undertake day to day tasks such as doing their laundry, meal preparation and food shopping.

Good

Is the service responsive?

Our findings

People received personalised support that met their individual needs. Assessments of each person's needs was carried out before they started to use the service to ensure the service and shared lives carers were able to provide appropriate care. A shared lives carer told us, "Once we have identified [a person's] needs, it is easier to assist them as they wish. It's all about how they want to lead their lives." The matching process ensured people could trial out services by having a weekend stay with the potential shared lives carer to ensure they were well matched. The registered manager told us and records confirmed that the trial placement ensured the person was at the focus of service provision and that the shared lives carer was able to meet their individual needs.

People were involved in planning and making decisions about their care. One person told us, "I have a say about my care." People, their relatives, healthcare professionals and advocates where appropriate were involved in the assessing and developing of their care plan. This input ensured care and treatment was designed to suit their identified individual needs. Care plans developed from the assessments reflected people's needs, wishes and aspirations. Shared lives carers involved other healthcare professionals where necessary to ensure care provided was responsive to people's needs for example when a person wanted to acquire new skills by attending college. Regular reviews and updates of people's care and support plans were carried out by shared lives carers and care coordinators to ensure placements remained suitable and that the person's needs were met. Reviews ensured shared lives carers had up to date information about a person's needs and the care they required. Records showed care plans were accurate and reflected people's needs.

People followed their interests and took part in activities of their choosing. For example, a shared lives carer had worked closely with a person and the service to arrange a 'holiday of a lifetime' to Mauritius which they had enjoyed. Shared lives carers maintained records of what people had done and used these records where appropriate when reviewing support plans and involving other healthcare professionals in their care. People were encouraged to pursue their interests and care records reflected their individual preferences and abilities. People were supported to develop their daily independent skills. Care plans identified areas such as attending college to gain vocational courses, attending day centres and following a structured routine.

People were encouraged to be involved in activities within the local community. Shared lives carers supported people to maintain links with their community through attending church services, cultural, festive, leisure activities, using public transport and accessing the local library and parks. This also helped people to reduce the risk of social isolation. A care coordinator told us they reviewed the level and type of activities people took part in to ensure that shared lives carers were supporting people to realise their full potential and that they received mental and physical stimulation.

Shared lives carers understood people's communication skills which enabled them to provide care responsive to their needs. They were aware of triggers to a person's behaviour and used this information to involve them to provide appropriate care. For example, one person expressed their dislike of things by showing behaviours that challenged the service and others. Shared lives carers were able to anticipate this

and ensured they managed the situation by keeping the person away from areas that caused them distress.

People were able to raise a complaint about their care. One person confirmed, "I talk to my carer if something is bothering me. I have the office numbers too if I want to complain." People had prepaid postcards that they could complete and post to the office to make a complaint. Care coordinators and records confirmed people were given the opportunity to discuss their concerns during home monitoring visits. The registered manager told us and records confirmed the service had not received any complaints in the past six months. There was an up to date complaints procedure which detailed the action people could take if they were unhappy with the care provided and the timescales for getting their concerns addressed.

There was a record of compliments received which showed positive comments about the support provided to people. Comments included, "You're great at your job and always so supportive." "Thank you for being incredibly supportive in enabling individuals in the shared lives scheme to access new day services."

People were supported to transition between services. The provider had a procedure to minimise unplanned moves or sudden endings of a shared lives placement. The service worked with healthcare professionals to ensure people who were moving had appropriate arrangements for safe care before they started to use the service or when they decided to leave.

Good

Is the service well-led?

Our findings

There was a positive culture within the service and people were involved in the development of the service. One shared lives carer told us, "It's also about supporting each person to realise their full potential." Shared lives carers encouraged people to live an independent life as possible and enhancing their chances in the community. The registered manager was passionate about how they provided person centred care and empowered people to live dignified lives.

Shared lives carers and care coordinators understood their roles and responsibilities to provide an enabling environment to support people with their needs. A healthcare professional commented, "The staff are enthusiastic and proactive supporting people to explore opportunities." There were mixed views from shared lives carers about the communication at the service. One shared lives carer commented, "Grace Eyre keep us up to date with the information that we need to know i.e. staff changes, policies etc." Another shared lives carer said, "The [registered manager] is available and always eager to discuss any concerns." However, a third shared lives carer said, "Carers meetings are held quarterly and at each meeting the carers have so many issues to discuss that we always run out of time and many topics remain unresolved." Records of team minutes showed shared lives carers were given the opportunity to share their ideas about how to improve the service. The registered manager continued to work through the issues raised and we were confident individual concerns were being addressed.

The registered manager ensured shared lives carers understood and applied the provider's vision and values to support people to enjoy personal freedom, to be respected for their contribution and be treated as equals within the communities where they lived.

The registered manager encouraged care coordinators and shared lives carers to be open and to learn from incidents in line with the requirements of duty of candour. The service maintained a record of accident and incident that had occurred at the service and the plan put in place to minimise the risk of a recurrence and maintain high standards of care. The registered manager reviewed incidents to ensure shared lives carers followed provider's procedures when providing care.

People, staff and healthcare professionals described the registered manager as approachable and friendly. One person told us, "The [registered] manager is there if I need to talk to him." A healthcare professional commented about the registered manager, "Helpful, capable, friendly and professional." A shared lives carer told us, "The service is managed well. I have not had any instance where the management have not been able to help me or support me."

Shared lives carers had access to policies and procedures to inform their practice when providing care to people. The provider and the registered manager ensured policies and procedures were updated regularly in line with changing legislation and good practice as advised by healthcare professionals.

Regular audits of the service ensured shortfalls were identified and acted on to improve people's experience. The registered manager used the quality assurance system in place effectively to develop the service. The

service was subject to regular checks through quarterly monitoring visits to people's homes by care coordinators. A care coordinator told us and records confirmed there was a detailed review of all aspects of a person's care which included checks on medicines management, care plan reviews, progress people were making with their goals, activities undertaken and record keeping of finances. The registered manager carried out audits on staff training, supervisions and appraisals and had oversight of the quality checks undertaken by the care coordinators. A plan of action was put in place when needed to address any shortfall. The provider had oversight of the management of the service and worked closely with the registered manager to make improvements were identified.

The registered manager and provider worked in close partnership with healthcare professionals to develop the service. Records showed the involvement of the healthcare professionals to ensure people's care and treatment reflected relevant guidance and best practice.