

Abbey Healthcare Homes Limited

Wrottesley Park House Care Home

Inspection report

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Date of inspection visit:
12 February 2020

Date of publication:
20 April 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wrottesley Park House Care Home is a residential care home providing personal and nursing care to 46 people at the time of the inspection. The service can support up to 63 adults with physical and learning disabilities. The home accommodates 63 people across four separate wings, each of which has separate adapted facilities. Three wings on the ground floor were occupied at the time of the inspection, the fourth wing, which was not in use, was located on the first floor of the home and accessed via a passenger lift.

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

We found staff had not always followed the provider's own processes with regards to recording of medicines administration. Improvements were also needed to the way people's medicines were stored.

We have made a recommendation about the management of some medicines.

People's night time needs were not always met in a timely way, by sufficient numbers of staff.

People told us they felt safe. Staff had received training in protecting people from harm and knew how to escalate concerns for people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. Where incident had occurred, or things had gone wrong, learning and taken place to reduce the likelihood of reoccurrence.

People's needs were assessed prior to them moving in to the home. Staff received training relevant to their role and had the skills and knowledge required to support people. People received enough to eat and drink and people's individual dietary needs were met. People were supported to access healthcare services as required.

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 spoke positively about the care they received from staff. People were supported to make their own decisions where possible. The staff used their knowledge of people's life histories and preferences, to ensure care provided with dignity and respect.

Improvements had been made to the range of activities available to people, and some people received positive one to one support. The provider acknowledged further improvements were required to ensure people's well-being was promoted, as some people's experience of meaningful occupation was, at times, limited. These improvements were underway at the time of the inspection.

People were now involved in the planning and review of their care. People's communication needs were met and information was provided in a format people could understand. End of life care plans were in place which contained people's wishes and preferences.

Improvements had been made since the last inspection. The registered manager and provider were open about their plans for the service and where improvements were needed. People, relatives and staff were asked for their feedback and this was used to drive improvements. The staff and management team now worked in partnership with other agencies and were open to learning from other providers and healthcare professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 February 2019) and there was a breach of regulation. We issued the provider with a warning notice which required them to make improvements within a specified timescale. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Wrottesley Park House 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 was conducted by two inspectors, a Specialist Nurse Advisor 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

Wrottesley Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We also used feedback provided by Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and five relatives. We also spoke with six care staff, a physiotherapy assistant, a well-being co-ordinator, one nurse, one agency nurse, two staff members responsible for food preparation, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at nine people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at two staff recruitment records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records in relation to night time staffing levels.

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 requires improvement. This was because we found significant concerns in relation to people's medicines and there were concerns about the deployment of staff. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was a risk that people could be harmed.

Using medicines safely

- At the last inspection we identified concerns about the administration and recording of some medicines. At this inspection we found those concerns had been addressed; however, new concerns were identified.
- We found records relating to the administration of medicines which require two staff signatures, were not always completed in accordance with the provider's own procedures. For example, we saw on two days a second signature was not present for a person's pain-relieving medicine. Although there is no legal requirement for this, the provider's protocols stated there should be two signatures. These records were subject to a weekly audit, and the missing signatures had not been identified.

We recommend the provider consider current guidance on the management of medicines and update their practice accordingly.

- There was inadequate storage for people's medicines within the treatment room. Some medicines were stored on counter tops, and not within locked cupboards. However, the treatment room was secure and only qualified nurses had access to it. The flooring was of poor quality, unclean and had several rips and joints that were not sealed.
- We spoke with the registered manager about our concerns and they advised they had identified the need for additional storage and this had been ordered. They also advised, following our feedback, the flooring would be replaced by the end of April 2020.
- Despite the concerns identified, people told us they were happy with the support they received with medicines. People shared that staff did not rush them and felt when they requested pain relief this was given promptly.
- Some people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording. We found records relating to the administration, storage and disposal of these medicines were accurate.

Staffing and recruitment

- People consistently told us there were not enough staff to support them at night. People reported having to wait for care and support. One person said, "There aren't enough staff at night, I need help to get in to bed and some nights I have to wait a long time."
- We reviewed staff rotas and saw there were three or four care staff and one nurse available at night. The registered manager told us their dependency assessment tool indicated this level of staffing was sufficient and had not previously been made aware of people's concerns. However, they told us they were in the

process of recruiting staff with the aim of having four care staff available each night and two nurses.

- Following the inspection the registered manager spoke with people living at the home to gather their feedback. They also conducted further analysis, as well as night time spot checks, to review the staffing levels at night. This resulted in additional staff being added to the rota for the early hours of each day. The registered manager advised staffing levels would continue to be reviewed to ensure people's night time needs were met in a timely way.
- We observed staffing levels throughout the day and found although staff at times, missed opportunities to engage with people; there were enough staff to meet people's care and support needs. We found staff had been safely recruited to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Knowing the staff are there if something goes wrong, they'll help me. This makes me feel safe." Relatives gave similar feedback. One relative commented, "[Person] is safe. They [staff] look after them well."
- Staff had received training in safeguarding and knew how to identify signs of potential abuse. Staff we spoke with knew how to escalate concerns beyond the management of the home if they felt it necessary.
- Where there had been incidents relating to people's safety, the registered manager had taken appropriate action and submitted notifications to us, as required by law.

Assessing risk, safety monitoring and management

- People's risks were assessed, recorded and reviewed regularly. Staff demonstrated a good knowledge of people's risks and shared with us the action they took to reduce the risk of avoidable harm.
- Where people received texture modified diets or used feeding tubes, there were care plans that explained how to safely and effectively support people. Advice had been sought from speech and language therapists and community dietitians. Their advice had been included in care plans and had been reviewed on a monthly basis to ensure people were supported safely.
- Where people's health needs posed a risk, staff had received training to enable them to identify early warning signs of a deterioration in a person's health. Any concerns were then escalated to the nursing staff, or external healthcare professionals.

Preventing and controlling infection

- People were protected from the risk of infection. The home environment was clean and tidy.
- We saw staff used safe practices, including regular handwashing, and had access to personal protective equipment (PPE) to reduce the risk of cross infection.

Learning lessons when things go wrong

- The management team had made progress since the last inspection and had been working to an action plan in response to the areas of concern. The registered manager took responsibility where things had gone wrong and told us they and their management team, aimed to learn from errors and make improvements when necessary.
- We reviewed records of accidents and incidents and found where events had taken place, action had been taken by the registered manager to address the risk of reoccurrence. This included staff supervision and retraining, as well as analysis of events to identify patterns and trends.

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. This was because staff had not always received specialised training and did not always seek people's consent before providing care and support. 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.

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not always received specialised training in order to meet people's specific health needs. At this inspection we found improvements had been made. Staff had received training in specific conditions, such as Huntington's disease, and further training was booked for later in the year.
- Relatives spoke positively about the skills of staff. One commented, "[Person] is not always easy to work with, but the staff know what they need." Staff we spoke with felt they had received training relevant to their role. They felt well equipped to meet people's needs and spoke positively about training they had received in moving and handling. We observed staff supporting people with mobility and saw it was done safely and with reassurance offered throughout.
- Staff told us they received training which enabled them to support people well. Where staff did not have experience in caring for people, they were required to undertake the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Staff also received supervision where they received support and feedback about their role.

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 saw staff did not always seek consent before providing care to people. At this inspection we saw staff speaking with people before providing care and support. We saw on occasion staff assumed consent, however overall people's consent was sought before staff provided care.

- People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required. Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. The registered manager was aware of conditions applied to DoLS had worked to ensure these were met.
- Staff completed training and understood the principles of the MCA. For example, staff told us that they had learnt to look for behavioural cues from people in order to understand when they had had enough to eat. For example, staff said the person pursed their lips or turned their head away if they were full or if they did not like the type of food being served.

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

- People's needs were assessed, which included information about their health, specific conditions and preferences. Where people were at risk of social isolation, due to spending large amounts of time in their rooms, this had been considered and reflected in care plans.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any sexuality needs as well as their religious or cultural needs so these could be met. Staff we spoke with had a good knowledge of people's diverse needs.

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

- People received enough food and drinks to maintain their health. We observed lunchtime in various areas of the home and found, on the whole, people were happy with their meals. People told us they were given a choice of meals and where people had specific dietary needs these were accommodated. For example, low sugar or low-fat meals.
- Where people experienced difficulties with swallowing certain foods or liquids, their care records identified this. Risk assessments were in place that alerted staff to the concerns and care plans explained how to safely and effectively support these people. Advice had been sought from healthcare professionals which staff followed. Their advice had been included in care plans and had been reviewed on a monthly basis.

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

- People had access to healthcare services when they needed them. People told us they were supported to see the GP, dentist and optician. Where people were regular visitors to acute hospitals; an updated hospital passport was located in their care records. This provides hospital staff with essential information about a person who may have communication needs.
- A physiotherapy assistant was employed at the home and they supported people to undertake exercises and stretches which had been prescribed by physiotherapists at a local community hospital. They worked as a liaison between the home and community-based physiotherapy and occupational therapy teams, and also made referrals to support people to obtain appropriate wheelchairs and mobility equipment.
- Care records contained information about people's health needs and histories, which offered guidance to staff about how to identify any changes in people's health. Records showed where changes had occurred, advice from external healthcare professionals had been sought promptly.
- Staff undertook oral care with residents, such as encouraging people to brush their teeth; or supporting people who needed assistance. Staff told us if residents declined to have their teeth brushed this was recorded in the patient record. Staff organised and accompanied residents to dentist visits.

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

- The communal areas of the home were well maintained. Signage around the building included pictures as well as words to show where toilets and bathrooms were; and large clocks to help orient people to the correct time. Bookshelves contained ornaments and comfortable chairs and sofas were available.

- People's bedrooms were personalised and contained items such as photographs and ornaments. All equipment we checked had been serviced within the required timescales to ensure its safety, for example, beds. The rooms were generally clean and tidy, although some required redecoration. The registered manager told us there was a plan to refresh and update people's bedrooms in the coming months.
- We saw people could obtain sensory blankets; which were blankets with additional bits added such as buttons. Use of such items has been shown to reduce agitation and restlessness for some people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because some people's experiences of staff interaction was poor. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they found staff to be caring and helpful. One relative said, "The care is magnificent". People described the staff as "lovely" and "brilliant."
- Staff took time to get to know people and established positive relationships based on common interests. For example, a shared taste in music and style. We observed interactions between people and staff and found on the whole they were positive. Where people became distressed, staff offered reassurance.
- Staff shared examples of how they were respectful to and responsive towards individual diverse needs; including sexual identity and religion.

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

- People were supported to make daily living decisions and felt they were offered choices. We observed people moved freely throughout the home as they wished.
- Staff shared with us how they communicated with people who did not use verbal communication. Some staff carried picture cards so people could point to images that reflected the words they wished to use. One person used an electronic communication system which enabled them to communicate with relatives. All staff were aware of this.
- Staff told us they had learnt to adapt their question style according to people's needs. For example, using closed questions so people could nod or shake their head in answer. This supported and enabled people to make their own decisions, where possible.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with respect and promoted their independence where possible. One relative shared, "[Person's] independence is improving because of the support they have received here".
- Staff shared examples with us of how they supported people's dignity. One staff member told us how they had supported a person to dye their hair, as they had previously been used to doing this regularly themselves, before becoming ill.
- Another example included a person who had a goal of sitting in a chair, as opposed to being in bed all day. The person was very anxious and worried about using the hoist to transfer. Through collaborative work with the staff team, the person had achieved confidence in being transferred which had resulted in them actively asking to be got out of bed. This enabled them to engage in social activities, such as eating with a friend.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because some people were left without occupation or stimulation for long periods of time and some people's care had been reviewed without the involvement of the person or their relatives. At this inspection we found improvements had been made and this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- We received mixed views about people's understanding of how to raise concerns about their care. One person told us, "I've made two complaints, but I wasn't happy with the response." Other people expressed more positive views. One person commented, "I've never complained, but I know how to. I'd go to the office and speak to [registered manager]."
- Information about how to complain was included in the service user guide. These were given to people when they moved in to the home.
- We reviewed the registered manager's response to written complaints and found concerns had been fully investigated and appropriate action taken in response. Where investigations concluded people's experience had fallen below the provider's expected standards, people received a response, acknowledging failings and offering an apology to the complainant.

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

- Improvements had been made to the activities programme. The provider had commissioned the support of an external agency to help them meet the wide and varied needs of people living at the home. The well-being co-ordinator was in the early stages of being supported by the agency to introduce new activities and change the way support for people's wellbeing was provided.
- We received mixed feedback about the support provided for people to participate in their chosen hobbies or interests. One person said, "There isn't often activities on, every 2-3 weeks we might play a game." Other people were more positive and told us they had been supported to visit the pub or the cinema.
- We saw positive examples of people receiving one to one support to promote their well-being. People were encouraged to use sensory equipment where available. For example; one person listened to music and sounds linked to experiences such as 'seaside days'. The person also had bottles of scent to evoke the aroma of the seaside at the same time. The well-being coordinator was able to source this equipment for people.
- Events had taken place to appeal to different cultures such as African-Caribbean night, Diwali celebrations and celebrations of other religious or cultural events. The nominated individual told us they were confident the provision of support for people's well-being and activities would continue to improve in the coming months.

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

preferences

- People and their relatives were involved in planning their care. Care plans reflected people's like and dislikes, including food, interests and whether they preferred to be supported by male or female staff.
- Care plans were reviewed regularly, and any changes were shared with staff during daily handover meetings to ensure people received care that met their current needs.
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences. Staff shared an example with us of how they learned one person had followed a particular style in the 1960's. The staff member therefore purchased a film based on this era to watch with the person.

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 individual communication needs were assessed and guidance to support their communication was available for staff. Care plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
- Information to support informed decision making was available to help people make choices. For example, some people were shown plated meals to help them make a choice and staff used pictorial cards to involve people in daily living decisions, such as personal care.

End of life care and support

- Although the service did not have anyone receiving end of life care at the time of our inspection, we saw people had an end of life care plan in place. These reflected people's choices and wishes when they came to the end of their lives; or if a sudden health complication arose. Plans considered religious needs, and burial wishes.

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. This was because systems and audits were not effective and had not identified the concerns found at the inspection. We also found information contained in the Provider Information Return was not always reflective of our findings. 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.

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

At our last inspection we found the provider's governance systems had failed to identify shortfalls and therefore were ineffective in driving improvement. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice, which required the provider to make improvements within a specified timescale.

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

- The registered manager, with support from the deputy manager and nominated individual, had made improvements to the service. Since the last inspection, the registered manager had provided us with regular updates, to evidence they were working towards their action plan.
- Improvements had been made in a number of areas including; mental capacity assessments, consistency of care plans and people's involvement, protocols for 'as required' medicines, specialised training, handover processes and the use of individual communication systems.
- Improvements had also been made to auditing systems which enabled more effective oversight of areas of concern. A weekly risk monitoring report was completed by the registered manager which included areas such as falls, weight loss, safeguarding events, and infections. This was shared with the nominated individual to improve clinical oversight.
- We found the registered manager was already aware of some of the concerns highlighted during the inspection and had already taken action to make improvements. For example, the storage of medicines.
- Staff recognised improvements that had taken place since the last inspection and told us they felt the changes were positive.
- We found the registered manager and nominated individual were responsive to concerns identified during the inspection. They took prompt action to fully understand people's concerns about staffing response times at night and made changes quickly to improve people's experiences.

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

- Most of the people and relatives we spoke with felt the home was well-managed. People and their relatives knew the registered manager by name.
- Staff told us they felt supported in their role and were able to approach the registered manager with any concerns. One staff member told us they had improved their care recording and care plans, and they felt the staff team was more positive since the last inspection and that staff team morale was good.
- Staff were fully aware of the continued plans to improve the quality of care people received and were supportive of the management team in achieving this.

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. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The registered manager and nominated individual were open and honest with us about the concerns identified at the last inspection. They recognised where further improvements were required and were open to the feedback given at the end of the inspection. Following the inspection they submitted information to us about actions they had taken in response to our findings.

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

- People and relatives told us they had been asked to give feedback about their experiences. This information was gathered during resident's meetings, as well as through one to one conversations. Where people suggested ideas for activities, for example, going to the cinema, this had been arranged.
- Staff told us they felt they could offer ideas and suggestions and were listened to. Some staff felt they would benefit from further de-briefing and support following serious events or deaths. This feedback was shared with the registered manager. Regular team meetings were held where information was shared and discussed with the staff team.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to continue to improve the service and told us they wanted to support and equip the staff team to provide a high quality of care to people. We found they had identified learning following incidents and events and had been honest with people where their experiences had not been positive.
- Since the last inspection the management team had re-engaged with the Clinical Commissioning Group (CCG) and their quality improvement programme and had made improvements in areas of clinical care. A visiting healthcare professional told us, "The registered manager has been very open to change and has worked collaboratively with the CCG. They attend care home managers meetings with their peers for networking and development. They have been open with sharing documentation used at the home, as an example of good practice."
- At the time of the inspection the provider was in the process of introducing an electronic system for care records and auditing. The nominated individual told us they hoped this would further improve the quality of their governance systems and provide up to date information about any errors or areas of concern, so that action could be taken quickly.
- The registered manager and staff team worked positively with visiting healthcare professionals and other partner agencies.