Westminster Homecare Limited

Westminster Homecare Limited (Enfield, Havering and Waltham Forest)

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Westminster Homecare Limited (Enfield, Havering and Waltham Forest) is a domiciliary care service registered to provide personal care to people living in their own homes in the community. At the time of our inspection 231 people were being supported with personal care.

People's experience of using this service and what we found
The service assessed risks to people's safety and wellbeing. There was guidance in place for staff on how to support the person to manage those risks, for example, how to help somebody move from bed to wheelchair or how to support them with eating. Medicines were managed safely.

The service employed enough staff and ensured they were safely recruited, trained and supervised to do their job well.

Care plans were detailed and person-centred and guided staff on how to provide care to the person to meet their needs and their preferences. People were involved and consulted in planning their care.

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.

The service supported people with their health needs. People were generally happy with quality of the service. Although people were overall happy with their care workers a number of people did not like the time their care workers visited. The service was not responsive to people's choice of times for their care visits, despite providing good care. We have made a recommendation that the service provider make improvements in responding to people's preferences.

The service had made improvements following the last inspection and although the provider had moved another branch into this branch office increasing the number of staff and people they were providing care to, they had been able to sustain improvements made. There were effective quality monitoring systems in place and the registered manager shared plans for further improvements with us. The service responded promptly to complaints and concerns.

Rating at last inspection and update
The last rating for this service was requires improvement (published 21 November 2018).

At this inspection we found improvements had been made and sustained and the provider was meeting fundamental standards.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe. Details are in the safe findings below.	**Good**
Is the service effective? The service was effective. Details are in the effective findings below.	**Good**
Is the service caring? The service was caring. Details are in the caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in the responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in the well-led findings below.	**Good**

Westminster Homecare Limited (Enfield, Havering and Waltham Forest)

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 carried out by three inspectors, a pharmacist inspector and two Experts by Experience, who made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One of the three inspectors interviewed care workers by telephone and the other two inspectors attended the office.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.
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
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2020 and ended on 9 January 2020.

What we did before the inspection
We looked at the information we held about the service. This information included statutory notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and relatives of 17 other people who used the service about their experience of the care provided. We met with six care workers, three care coordinators, the registered manager, regional operations manager, operations director and training manager. We also spoke with seven care workers by telephone.

We reviewed a range of records. This included fourteen people's care records and thirteen people's medication records. We looked at nine staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, quality assurance, complaints, safeguarding, policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were safely recruited.
- The provider had carried out a range of checks before employing staff which included checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.
- Most people and their relatives told us staff providing their care were a consistent team during weekdays who stayed for the allocated length of time of the care visit. Feedback included, "Timing is fair in comparison with other agencies. If late mum is not contacted. No mum has not had a missed call". Some people said that they did not get a call if the care worker was going to be late. Records at the office showed in most cases people were informed when the care worker was running late.
- Staff told us they usually had enough travel time between care visits and were provided their rotas with enough notice. We saw that staff received their weekly rotas in the way they chose; by email, letter or by collecting it from the office. They said this helped them plan their visits in advance.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in understanding signs of possible abuse and following safeguarding procedures and were able to explain to us what they would do in the event of abuse. Staff told us they would report any concerns about a person's wellbeing to the management team and records confirmed that they did so and that any safety concerns were quickly acted on.
- Staff understood whistleblowing and said they would raise concerns about the conduct of a colleague to the provider and CQC if this was not appropriate. Records showed where staff had aired concerns these were managed appropriately.
- There were clear records of any safeguarding concerns that had been reported to the local authority and CQC.

Assessing risk, safety monitoring and management

- Each person using the service had risk assessments in place covering areas such as moving and handling, risk of sustaining a pressure ulcer and risks associated with specific medical conditions they had. Where risks were identified, there were details about how they needed to be managed and information fact sheets on various medical conditions such as diabetes in people's files.

Using medicines safely

- People and their relatives told us they received good support with their medicines. A person told us, "I do my medicines, but she [care worker] prompts me to do it as I can forget." A relative told us, "Yes, medication

is given. Sometimes [Person] refuses. It's all logged if she refuses. Yes, they do record it very strictly, and one of the carers will stay on to keep trying to give her tablets."

● Staff kept written records when they administered medicines and there was a system in place for checking medicines administration records (MAR) regularly. The service employed a medicines auditor for this purpose.

● Staff were trained and assessed as competent before they administered medicines, and regular checks ensured people received their medicines safely.

● Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.

● There was a system of reporting and recording medicines errors and action was taken to resolve individual errors.

● All the MAR charts we looked at were fully completed, with reasons for non-administration recorded (e.g. person refused).

● The use of high-risk medicines, such as blood thinning medicines, was identified in a person's care plan with possible side effects.

● Staff told us that care workers were asked to call the office and report any new medicines prescribed to a person. A senior staff member would then update the MAR on the system and take the updated MAR out to the person's home.

Preventing and controlling infection

● Staff had personal protective equipment (PPE) such as disposable gloves to minimise the risk of infection when providing personal care. Feedback from people and relatives confirmed that staff wore appropriate PPE when providing care to them.

● As this branch had recently taken over another branch providing care in other London borough, the management team drove out to deliver PPE to staff in those areas to ensure they never ran out.

● Staff had completed training around infection prevention.

Learning lessons when things go wrong

● The registered manager reviewed all incidents, accidents and missed calls (where a care worker failed to turn up to provide care to a person). These were all recorded and investigated appropriately. The operations manager and director required weekly reports from the registered manager, so they too had a good oversight of any concerns. Lessons learned, and changes made as a result of incidents were recorded.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs were assessed by a senior staff member before they started using the service to ensure this service could meet their needs. The assessment formed the care plan which detailed the person's needs and the plan for meeting them. The registered manager checked care plans regularly. Care plans reflected people's holistic needs, and most were comprehensive and of a good standard.
● Where we found information missing from a few care plans the registered manager was able to explain that some care plans from another branch were being reviewed and updated to ensure all care plans were of the same quality. They remedied any missing information we showed them on the day of the inspection.
● People said their regular care workers understood their care plan, but they did not feel so confident about temporary care workers. The registered manager and regional operations director were aware of this and said they would address it.

Staff support: induction, training, skills and experience
● The provider's staff development system enabled staff to develop the required skills and knowledge for the job. They had a 12 week development programme which required a spot check two weeks after a new care worker had completed shadowing another care worker and medicines competencies were assessed at this time. The policy said new workers should have support calls one and three weeks after shadowing, one to one supervision at six and 12 weeks. Records confirmed this was in place.
●The service employed a full time training manager. Staff told us they found the training to be helpful and meaningful and praised the training manager for ensuring they always understood training courses. Staff described the training manager to be "very very good." We saw that all training courses included tests to ensure staff had understood the training and were competent. Staff told us; "I love [the training manager], she will not let you go until you understand." All staff were expected to attend refresher training every year and records confirmed this took place. People told us their regular care workers were "good" and "excellent" and knew what to do to meet their needs.
● Staff had regular supervision and annual appraisals. Records showed that additional supervision and meetings took place if there were any concerns about a care worker's conduct. Care workers felt well supported by their care coordinators.
● The service had made improvements in supporting staff since the last inspection. Care workers said that senior staff were more approachable, and they could call or go to the office to talk to their care coordinator. The registered manager said they had adopted an open door policy so that staff could go and talk at any time.

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

● Staff supported some people with meals. People said they were satisfied with the support they had with eating and drinking. Staff who visited people more than once in the day would leave people with snacks and drinks to hand, so they did not have to wait until next visit.

● Where people had specific needs around their eating and drinking this was documented in their care plans.

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

● The service referred people to health and social care professionals such as district nurses, social workers and GPs where appropriate to ensure they received the care and support they needed. We heard several examples where the service advocated on behalf of a person to get help from other professionals.

●Relatives told us; "If mum has had the odd fall they have contacted the GP and myself" and, "Yes we had a situation when mum was ill, and the carer called NHS 111 last week." A staff member told us of an incident where they called the ambulance for a person and then notified the office.

● Care plans included information about people's specific health conditions and how this impacted on their daily living and where we found an example where this was not the case the registered manager addressed it immediately. This person's relative told us they were "extremely" happy with the care so the lack of information in the care plan had not had any negative impact.

● The service kept a list of "time sensitive" people who were people for whom the time of their visit was very important due to medicine or health issues.

● People's files contained factsheets on people's medical conditions, food charts, fluid charts, turn charts and bowel charts where certain people needed these recorded in order for the service to support them to maintain their health.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● People's care files included information about their mental capacity to make decisions. People signed that the care plan and risk assessment summary had been explained to them and they agreed with it. They also signed a range of consent forms including; consent to medicines administration, information about them to be shared with health professionals, consent to reviews annually, use of a key safe where needed, agreement to care workers using their landline to log in and out and consent to care workers shadowing in their home. We saw that people were able to refuse any of these if they wanted and there was space for comments. For example one person had refused staff to use their phone and another had said staff must advise her first if a new worker was to shadow the existing worker in their home. This was good evidence that asking people for consent was meaningful and their wishes were recorded.

● Staff had received training on the MCA and showed a good understanding.

● Consent records on people's files included a "service user able/unable to sign" form – which had an example of the person's signature or stated they were unable to sign and the reason, for example they don't

have capacity or they were physically unable to write. This was all evidence that the service understood the importance of gaining people's consent.

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 and their relatives told us staff were caring. Where a person had a care worker who they didn't like, and the worker had been removed from providing their care.

●One relative said care workers were, "brilliant", "trustworthy" and said they had "really good support from office staff, really reassuring." People using the service agreed and said, "I have a good rapport with my regular carers who are chatty and friendly" and, "Yes they are very kind and caring and do things like reminding me to wear my life line, asking if I'm ok in a supporting way."

●A relative said, "If they get there and he has already had lunch they will use the time to do other things for him e.g. cream his skin and this has really improved as a result." This showed care workers thought of what they could do for the person instead of just focusing on tasks to carry out.

● Care plans included prompts as part of the visit to introduce yourself and talk to the person, to say goodbye to ensure workers knew the importance of behaving in a caring way.

● People's religious, and cultural backgrounds were reflected in the social and physical profile in their care plans. People said their needs in these areas were met. One person said visits were organised around their times for going to their church three times a week. Where they were able to, the service provided a care worker who could speak the same language as the person receiving a service. One person had requested only Greek speaking workers and we saw this was provided.

● Some people said they were not offered a choice of female or male care worker though none said they were unhappy with the gender of their care worker and a few people said they did choose. One relative said their father had male care worker and their mother a female care worker. This showed the service was able to provide workers of the gender people wanted.

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

● People were supported to express their views at their initial home visit and thereafter by telephone calls, home visits and care plan reviews. Care plans showed people had been involved in making decisions about their care. Where a person decided to refuse personal care and advice about their health and safety, the service respected their decisions, tried to support them and raised concerns appropriately with other agencies.

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us they were treated with dignity and respect. They said, "Yes they do [treat me with respect]. If they didn't I would tell them not to come back", "Yes mum would tell me if they didn't", "Yes on the whole they have treated me with dignity and respect" and a relative told us, "Yes I believe so

towards both mum and dad."

● Staff told us they respected people's privacy and dignity. They said they asked people for their consent before providing personal care and took care to close bathroom doors so other members of the household did not see people naked. One staff member told us, "I encourage him to do the things he can do for himself. I watch him and check he's safe. He will do his face and touch up and finish off. Give choices of clothes. I respect his wishes." Others said they covered people up, so they didn't feel exposed during personal care.

● People told us that where they were able to they were encouraged by their care workers to be independent. Comments included; "Yes always", "Yes only if my husband wants to be independent" and, "Yes of course they do…but I am independent anyway."

Requires Improvement

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

● People told us their care workers knew their needs and provided a good service to them meeting their wishes in terms of their personal care needs. However a number of people and relatives we spoke to were not happy with the times they received their care as it was not at the time they preferred, which meant the service was not always responsive to people's preferences.

● One person told us they were not happy that care workers helped them to bed earlier than they wanted. They said, "I have spoken to the office about this so many times and have been told that they cannot change the times of the visit as they do not have more carers." Records confirmed this person was helped to bed very early on several occasions and had requested a change in the time they were helped to bed. We advised the registered manager of this concern who said it was not due to lack of care workers and agreed to address it straight away.

● Some people who needed two care workers to help them with personal care were not happy as they felt their care was provided at a time that suited the service (the same care workers had to visit a few people together) rather than their own preference. One person said, "On the whole I do [get care at the time they want it]. It was a struggle at the beginning as I only had three visits a week. Timings were not good." Another person said, "I don't want them to come before 9am. Sometimes they come at 8.30am or 8am" and a relative told us, "The weekend carers are a problem. I want them to come at 9am. They come early at 8am or 7.45am. I have been in touch with the agency. They did not help me too much."

We recommend that the provider seek and implement national guidance in relation to providing a more responsive and timely service to people within a domiciliary care setting.

●Other people and their relatives made the following comments; "The majority of the time mum and dad does get care at a time that suits them" and "Yes they are always on time."

●People told us their care workers knew their needs and provided their personal care and support in the way they wanted. A small number of people said the care provided by care workers who were not their regular care worker was not so good. We reported this back to the registered manager who was aware of it and was able to explain the reasons and what they had done to try and resolve the concerns.

● Care plans were person centred and contained good detail on how the person liked their support. One example of a good care plan advised staff on how they liked their breakfast and tea and how they liked their bed made. A few care plans had less detail than others on the person's needs, but the registered manager was aware of this, had an action plan in place and was in process of training staff to ensure all care plans were of a consistently good standard.

●The majority of care plans were comprehensive and included people's needs and wishes in the areas of

capacity, future wishes, life history (including hobbies and interests, former occupation) , care and support routine, important things to know about my care and a social and physical profile which included religion, cultural needs, communication, mental and emotional wellbeing, any self neglect, social wellbeing, sleep , hygiene, eating and drinking needs and details of how to support the person at each visit. People were involved in their care plans and had copies though one person did not have the most up to date care plan in their home but had been involved in writing it.

● People told us their regular care workers knew their needs and provided a good service which met their needs and preferences. Their overall feedback was that the care was responsive to their needs and they were satisfied with the quality of the care provided.

Meeting people's communication needs

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

● The service was meeting the AIS standards. In the service user agreement handbook it asked if people would like their info in large print, Braille, easy read, email. We saw in people's files that they had been asked for their communication preferences.

● Staff told us their communication preferences were also considered. They could choose to have their rota and other information by email, post or in person.

● The registered manager ensured we were aware of certain people's communication needs before we spoke with them which showed they were aware of accessible communication requirements.

● Care plans reflected people's communication needs and guidance was in place for staff to follow, for example, where people had a sensory impairment or other disabilities which affected their ability to communicate.

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

● Care workers went out with people where this was one of their assessed needs. One care worker told us how they went shopping with the person they were supporting and also played games with them.

● People said that their care workers sat and chatted to them when they had time.

● The service arranged occasional social events for people to reduce social isolation. They had recently held a cupcake day for charity where people using the service were invited to come and make cupcakes and socialise.

Improving care quality in response to complaints or concerns

● The provider had a system in place to manage complaints and concerns. Complaints were recorded along with the outcome of the investigation. Where there were improvements to the service needed as a result of a complaint this was recorded.

● Most people knew how to make a complaint. Two people said they had contacted the office to say they were not happy with the care worker and this was resolved quickly, and a different worker provided to them. Two people said their concerns were not acted on (both were about the times of the care), but others said concerns were addressed.

End of life care and support

● The service provided end of life care. Two people were receiving end of life care at the time of the inspection.

● Staff had received training around end of life care and received support from management team when a person they cared for died. Staff worked under the guidance of nurses where needed. We spoke with one member of staff who had provided end of life care to people and they showed a good understanding of how to support a person well at the end of their life.

● People's end of life wishes were recorded so that the service knew how to respond to meet their preferences.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager had a clear understanding of their role and of regulatory requirements. They were supported by a management team whose roles were to oversee quality, complaints and safeguarding as well as assess people's needs and organise staff rotas.
- One person was employed to carry out regular medicines audits. The provider undertook regular audits of staff records, care files and other aspects of the service. In addition the registered manager reported in writing weekly to the operations director any missed calls, complaints, accidents and safeguarding allegations so the provider had oversight of how the service was performing.
- Care coordinators, deputy managers, a training manager and medicines auditor were clear about their respective roles and told us that they all worked well together. They understood each other's roles well. The care coordinators, deputy and registered manager worked as a team with their own responsibilities and there were enough staff in the management team for one of them to respond immediately if there was a concern.
- The operations manager and operations director had been working closely with this service since the last inspection to improve standards. The provider's quality assurance manager had audited the service and found it to have improved.
- The registered manager had taken on an additional branch of Westminster Homecare since the last inspection as the provider had moved that branch into the Enfield office. This meant there were double the number of people previously using the service. Despite this and the challenges involved in overseeing care and staff working further afield the standard of service had not deteriorated. The registered manager had a good oversight of what they needed to work on to improve standards further and had a plan in place.
- Staff were generally very happy with the company and found the office staff supportive. They said when they phoned for management advice that there was always a quick response. One improvement made since the last inspection was that staff said the management team were accessible at all times.
- Where staff had a concern about a person or there had been a change in care needs such as a new prescribed medicine or a person had been discharged from hospital, one of the senior staff would go out and visit the person and make any changes to the care plan or medicines records so that the care workers knew about any changes as soon as possible.
- The registered manager told us the service benefitted from being one of 20 branches and being able to access support from other services. They had quality monitoring systems in place and were planning to improve these further by introducing new electronic monitoring systems.
- The registered manager understood and acted on the requirement to submit notifications to CQC about

events, incidents and changes to the service as required by law.
● We found the management team to be open and transparent throughout the inspection about what they had achieved and what they planned to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People and their relatives said they were involved and consulted in their care plans and were contacted by the office staff by questionnaire, telephone or visits and asked their views.
● People's feedback about the management of the service varied but was overall positive. Comments included; "They could be better and letting you know if they are late" and "Last year things were not ok, it was not run properly. Now it seems fine at the moment." and, "I find the staff in the office dismissive. I am paying for the service, I don't like them being rude to me on the phone." Positive comments included; "Absolutely, very well run." I would definitely recommend the agency." and, "I would recommend them." The comments confirmed our findings that the management of the service was good overall.
● Two local authorities gave us feedback about this service. Once said they had no concerns, the other said in visits to people at home they had found some concerns with one person experiencing missed calls and some records not being up to date. We saw that where one person was not happy with the service, and had experienced missed calls, these had been investigated, action taken to address the cause and apologies sent to them.
●Staff said they were supported and were happy working for the service. Staff had gifts for long service and the provider had recently introduced a reward scheme. One staff was nominated for a national award and they and other staff said the management team had supported them well.
● Staff who had health or other issues said the service had been flexible and supportive to them. Staff who did not feel confident with certain aspects of the job felt able to ask the training manager for support and retraining.
● The operations director was planning to have a community presence in the coming year and offer some free training to the local community. The service was focusing on staff retention and considering how to ensure staff felt supported enough to stay with this service. One staff said they worked for other domiciliary care agencies and this service was the best.
● The service, office staff and care workers, worked alongside health and social care professionals such as GPs, palliative and district nurses and social workers to meet people's needs.