

BPro Recruitment Employment Agency Ltd

B Pro Nursing Agency

Inspection report

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Essex
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Tel: 01268952767

Date of inspection visit:
06 May 2021

Date of publication:
08 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

B Pro Nursing Agency is a domiciliary care service which provides personal care to older people living in their own homes. At the time of the inspection the service was supporting 19 people.

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

The previous inspection in November/December 2019 found people's medicines were not always managed safely, there was no system for monitoring missed and late calls, personal protective equipment (PPE) was not always available and staff were not sufficiently trained for the role, especially in relation to end of life care. Staff reported a negative culture in the service and there was a lack of governance and oversight.

At this inspection we found improvements had been made to ensure people received their medicines safely, staff were trained to deliver high quality care, the culture of the service was positive and management systems were in place to monitor the quality of the service

People and their family members told us they received care and support which was reliable and consistent from caring staff. Rotas were organised in a way which meant people saw the same team of staff so that relationships were developed and maintained.

Staff had a good understanding of safeguarding processes to keep people safe and how to report any concerns. Staff understood and were aware of their responsibilities to raise concerns and report all incidents. People told us they received their medicines when they needed them. We were assured the service met good infection prevention and control guidelines and PPE was readily available. There were enough staff to provide care and support to people and staff had been suitably recruited to their role.

Staff were aware of people's needs and supported them to manage risks to their safety whilst supporting them to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's needs had been assessed before using the service. Care plans contained comprehensive information about people's needs and ways in which they should be met. This included their routines, preferences and wishes. People had received end of life care from staff who were trained, sensitive and compassionate.

Staff confirmed they had received training that gave them the knowledge and skills to carry out their roles. Spot checks were carried out to monitor staff practice and ensure they were working safely. People had good support with their meals. People were supported to access healthcare where needed. Staff worked well with other professionals to ensure people's healthcare needs were met

Staff treated people with dignity, respect and kindness. Staff had a good understanding of people's

individual lifestyles and culture and respected people's right to privacy, confidentiality and promoted their independence. Staff recorded information about people in a respectful way.

Systems had improved to assess, manage and monitor the oversight and quality of the service. Complaints were investigated and responded to. Where things had gone wrong, the registered manager and care coordinator was open and transparent with people, and their relatives and used their feedback to improve the service.

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 16 March 2019) and where we identified breaches of the regulations and made recommendations for the service to improve. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

B Pro Nursing Agency

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 one inspector.

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to meet with us. Inspection activity started on 3 May 2021 and ended on 12 May 2021. We visited the office location on 06 May 2021.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and five family members about their experience of the care provided. We spoke with six members of staff including the registered manager, care coordinator, and care staff. We had email feedback from a further three staff and talked to one professional. We had further emails from four professionals about their view of the service.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and staffing. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Further information was sent to us as requested. This included training data and quality assurance records.

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.

Using medicines safely, Staffing and recruitment

At our last inspection we recommended the provider undertake a full review of medicine's management processes, staff training and auditing. Also consider better ways of communicating when staff did not arrive and leaving people unsafe. The provider had made the necessary improvements.

- Medicines were well managed and people received them safely and as prescribed. The newly implemented computerised system 'People Planner' recorded and monitored the administration and management of people's medicines. The medicines administration record (MAR) was completed electronically on an App on the handheld device staff now used. There was an alert to ensure correct completion before they could sign out of the call. Medicine audits were completed to check all systems were working well and any issues or errors could be picked up quickly and action taken.
- Staff had received training and were assessed as competent in giving people their medicines. They confirmed the electronic system had significantly improved the administration and recording process. Spot checks were undertaken to ensure staff continued to provide this task well.
- Systems were now in place to monitor call times, including missed or late calls, rota arrangements and management of staffing levels. Call times had been significantly improved along with communication about timing of calls, leeway to allow for any delays and consistency of staff working with the same people. Family members confirmed that this had improved. One said, "Having the same staff for my [relative] has been so much better as [relative] is a creature of habit and any changes can cause a great deal of stress and anxiety."
- There was enough staff working in the service who were consistent to provide safe care for people.
- Staff were safely recruited with all relevant and required checks in place including identification, Disclosure and Barring Service (DBS) and satisfactory references.

Assessing risk, safety monitoring and management;

- Risk assessments had been completed to ensure people's safety. These included their mobility, scolding, skin care, mental health and malnutrition. Risks within the home environment had been completed to ensure safety for both the person and the care staff, including pets and trip hazards. Family members told us the staff looked out for people's safety and were assured this was monitored by the care coordinator.
- Systems were in place to check staff were managing risks to people in line with their individual assessments. Competency assessments confirmed staff practice and behaviour were spot checked to ensure they were working safely. For example, staff were aware of people's moving and handling needs, and the equipment needed to support them to move in a safe way. They had received practical training and e-learning online. A staff member said, "During my induction, I was trained in all types of equipment, so was prepared when I started to go out to people."

Systems and processes to safeguard people from the risk of abuse

- People and their family members told us they felt the service provided was safe and did not have any concerns. A person said, "I feel as safe as houses with [names of staff members]."
- Staff confirmed they had received safeguarding training which had given them an awareness and understanding of the types of abuse that could occur. They had a good understanding of safeguarding procedures and how to report concerns.
- The registered manager was aware of their responsibility to raise safeguarding concerns promptly and liaise with the local authority.

Preventing and controlling infection

- People and their relatives told us the service had managed the COVID-19 pandemic well. A person said, "The staff were always washing their hands and using the gel stuff. They always gave me some too." A family member told us, "The staff have been marvellous during all this time, so hard for them but they did everything properly to ensure [relative] was kept safe. They should all get medals."
- Staff confirmed they had received infection prevention and control training, completed regular testing and had access to the personal protective equipment (PPE) they needed to keep them and people safe. A staff member said, "We all worked together as a team and I think that helped to keep COVID-19 away from us all. Another said, "We were so careful and made sure we had all our PPE in place. There was no way anyone was going to be put at risk because of me."
- The provider had an up to date policy and procedure in place and communicated with staff about its content. Information was shared quickly when government guidance changed for example, when mask wearing went from sessional to individual use.

Learning lessons when things go wrong

- The registered manager told us they had listened and acted on the issues raised by people and their families and the feedback from the last inspection. They had invested time and resources in better systems to support the effective management of the service which had minimised safety issues such as missed and late calls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to provide staff with the necessary training and competencies to care for people effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People and their families told us staff were competent, skilled and experienced in their role. A family member said, "The staff know what they are doing, and they are more than adequate as have got my [relative] to shower now, and wash their hair and they hated a shower before so it's very encouraging what they are doing." Another said, "We needed staff with skills to support [relative] as well as common sense. I am very happy with them all and [relative's] quality of life has improved so much."
- The induction and training programme for staff had improved. We saw staff had completed the Care Certificate (nationally recognised training in health and social care) and related training such as catheter care, diabetes and end of life care. Staff shadowed an experienced member of staff to meet people and understand their needs before visiting alone. A person said, "They always ask if they can bring someone to show them the ropes. We all have to learn somewhere and why not learn on me."
- The registered manager and care coordinator had undergone courses to become trainers in moving and handling people, first aid and basic life support. Office facilities enabled staff to learn about the practical aspect of using equipment. The care coordinator had recorded video sessions about specific learning, for example the use of PPE, and this had been distributed to all care staff. Workshops had been organised for the end of lockdown which included end of life care and writing good care notes.
- Staff were complimentary about the interview, induction and training process. One said, "I was made to feel so welcome and trying out all the equipment in the office before I went to people gave me confidence in how to do it properly." Another said, "The best induction I have had and even though not new to care, they made me do all the refresher courses, so I was up to their standard."
- Competency assessments and spot checks were undertaken. Staff confirmed supervision and appraisal were used to review their practice and focus on their professional development. Supervision was a two-way process and recording of the sessions were comprehensive.

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

- Before using the service, an assessment of the person's need was completed. This assessment provided a

comprehensive plan of how to support them and the what they expected. People's protected characteristics such as age, disability, ethnicity, religion, sexual orientation and gender were considered and recorded so any cultural or lifestyle choices could be met.

- Staff completed their notes after each visit to reflect the support provided. These were reviewed monthly to monitor people were receiving the care they needed.
- Staff applied learning from the training they received effectively which led to people receiving good quality care. A member of staff had been given a commendation for going above and beyond to develop their idea of a picture shopping list with laminated cards on a key fob for a person with dementia to help them make choices and decisions. This idea has been very successful, and is being utilised for other people with communication difficulties and dementia to help them express their needs and feelings.

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

- People were supported to have meals and drinks of their choice. They were complimentary about the support staff provided. A family member said, "We needed extra time for meals so that [relative] had company and encouragement to eat. This worked so well that instead of a usual ready meal, one staff member cooked fresh for [relative], things like egg and bacon or an omelette. They love it"
- People's care plans showed their needs associated with eating and drinking. Any specific requirements to ensure a balance diet or concerns about weight were recorded. A staff member had encouraged one person to try a variety of foods which had helped with their appetite. The family member told the service, "My [relative] has improved a great deal and I am very grateful for all that you have done."

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

- Systems were in place for referring people to external services. Staff worked well with other professionals to ensure people's healthcare needs were met. Any concerns they had were picked up quickly. A staff member told us, "If we raise concerns about someone's safety or mobility for example, these are picked up quickly and referrals made, it's a system that works well as things get done."
- The care coordinator told us they had good relationships with the palliative care nurses, GP, district nurses, occupational and physiotherapy and work hand in hand. This was confirmed by professionals we had contact with. A health professional said, "[Care coordinator] is very good at communicating and has the best interests of the person at heart. Very experienced and when we did the review the person was more than happy with the care and support."

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 assessments identified if they had capacity to make decisions about their care. Where people did

not have capacity, relevant people, such as family with Power of Attorney had been involved to agree the level of care required in the persons' best interests.

- Staff understood the requirements of the MCA and knew what they needed to do to make sure decisions were taken in people's best interests. A staff member said, "We empower people to say as much as possible when it comes to decisions being made about them. We also make sure that decisions are made transparently without secrets and with clear reasoning." Another told us, "I always assume people have some capacity even though some choices they make might not be wise. It is about their rights to living their best life in their own home."

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. 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

At our last inspection we recommended the provider takes appropriate action to ensure people are always treated with kindness and respect.

- The provider had taken action to address and improve communication between care staff, office staff and people who used the service and their family members. Comments included "When I call the office, they are always pleasant and when they say they will call back, they do." and, "[Care coordinator] is so friendly and makes herself available. Such a good service."
- People and their family members were consistently positive about the caring attitude of the staff. They told us staff treated them with kindness and respect. A person said, "The staff come at the time I want, always apologising if a few minutes late. They have lovely characters, dress well and not a hair out of place. [Name of staff member] is beautiful inside and out." A family member said, "[Name of staff member] makes us laugh. They are firm but loving and fun. Culturally, we did not think they would get on but [relative] loves [care staff] so much."
- Staff had good insight into people's needs and how to provide their care. A person said, "I think the staff are mind readers as they seem to know what to do before I say." A staff member said, "We are updated instantly via the 'hub' which comes up on our phone when a person's needs change, what the changes are and from exactly what call the changes will take place. This ensures we keep people safe, we might know them but things change all the time."

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

- People's views and those of their family members were sought, discussed and recorded as part of the assessment and ongoing reviews of their care. This meant staff had a good knowledge of people's likes and dislikes, what they could do for themselves and how to adapt to their changing circumstances. A family member told us, "My [relative] did not take to one staff member for some reason and I spoke with [care coordinator] and they organised for another staff who would fit better which has worked ever since."
- People's preferred times of calls, arrangements of the rota and their views about consistency of staff providing care had been listened to and acted upon. The electronic rota arrangements monitored that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. Staff comments included, "It's well organised and a really good rota." And, "We know what we are doing, have time to get to everyone without rushing and go to the same people. It really works."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. This was confirmed in discussion with people and their family members. A person said, "No one can beat this service. They [staff] don't make you feel like you are a burden. They make you feel like you matter and that gives you your dignity back." A family member said, "The staff know my [relative] and their personality. [Relative's] privacy and dignity are maintained and they wash and dress in the bathroom with the door shut."
- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. A staff member told us, "I never try anything that makes a person feel uncomfortable. From the time I arrive, I ensure everything is done at person's request or with their consent."
- People confirmed they were supported to maintain their independence. A family member told us, "[Relative] doesn't need a lot but it is peace of mind and it is to maintain their independence. [Relative] is always clean and tidy and relaxed. The staff clean up and are very organised. They even leave me a note and I leave one too to say how [relative] has been which I think is respectful and thoughtful."

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. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider source end of life training for staff in line with national good practice guidance.

- Training had been undertaken by staff and they were now experienced at providing care to people during the last stages of their life. A staff member said, "I received my training for end of life care. I have given end of life care several times and every end of life is different. Another told us, "It has been hard coping with so many people passing, but [care coordinator] said 'Think about our role as being like a midwife who helps life come into the world and we help people to leave.' This helped me think more positively about it."
- People were supported to have a comfortable and dignified death with support and care around them. Compliments about the service included, "I can't thank the company enough for the care and support they gave to my [relative] and myself in the final days. I couldn't have managed without them." And, "Excellent personal care from staff who do all in their power to make people feel comfortable and secure."
- The registered manager, care coordinator and staff told us they felt privileged to be part of people's end of life care. A staff member said, "I feel privileged to be able to give someone all the care and compassion they deserve as they prepare for their next journey." Another said, "When I sat and stroked their hand, it made me think how I would want it to be for me. Making someone comfortable and safe is the least you can do."
- Support and advice around bereavement was available from the managers as they had an open door policy. External services were promoted and made available to staff so they could access them if and when needed.
- The service responded quickly to requests for help, completed assessments of need, liaised with health professionals regarding medicines and equipment and supported the family in a respectful and compassionate way. A health professional said, "I have always found [care coordinator] very helpful and accommodating. They know the clients well and comes across as professional and caring."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records reflected they had been involved in planning their care. This included the support they needed to manage their physical, mental and emotional needs. A family member said, "I have been fully involved in [relative's] care arrangements and my views are listened to."
- Care and support was delivered in a way which enabled people to stay in their own home with control and choice in their lives. A person told us, "They [staff] help me stay at home and manage, I am blessed." A family

member told us, "The team of staff working with [relative] enable them to have a life of their own, as well as me and my family."

- Staff confirmed they had regular people they saw which enabled them to develop and maintain relationships with the people they supported and their families. One said, "Seeing all my people every day works so well. It's lovely when people are pleased to see you." A family member told us, "We are so happy with the staff we have and so is [relative]. Turn over of staff is not too bad. [Care coordinator] is aware of [relative's] anxiety if someone turns up and they don't know them. We have all learnt the right way now to introduce staff to [relative]."

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 care plans recorded people's sensory impairments such as need for glasses or hearing aids and ways in which they communicated. Staff had the information they needed to support people appropriately and respectfully. For one person, a staff member had developed some picture cards containing everyday items so that the person could make choices and decisions in their daily life. A staff member said, "I just thought it would help [person] and me to understand each other better and it works well."

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and investigate complaints and were used to improve the quality of the service. We saw evidence to show how complaints were dealt with and appropriate responses and apologies given. The registered manager told us, "We take complaints very seriously and respond quickly. We use all of people's concerns as part of making the service better." Management and team meetings notes showed how lessons were learnt and changes made as a result.

- People and family members knew how to complain. Some had had complaints dealt with very well whilst others told us they had not needed to complain at all. A family member said, "There are always things which come up, but I have to say, [care coordinator] and the staff are very responsive which we appreciate."

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.

At our last inspection the provider had failed to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- Since the last inspection, improvements had been made to the infrastructure, management and culture of the service. These included the implementation of a computerised care planning system to effectively manage staffing, communication, care plans, reviews, complaints and rota arrangements. The management team and staff were extremely positive about the improvements this system had made. Comments throughout this report made by people and their family members confirmed to us that the quality of care had much improved. "Can't fault them." And, "Blessed to have them."
- Staff concerns had been addressed and the rota arrangements now meant staff were allocated, with enough time and calls were not double booked at there were enough staff to care for people effectively and respectfully. A staff member said, "Communication is now good, get on with everyone and it's the best team I have ever worked in, everyone cares, and managers were welcoming from the first day onwards."
- Staff told us the service was very well led by managers they trusted. The culture and morale of the service had changed through better communication, higher expectations of service delivery and more involvement of staff. A staff member told us, "I really like their vision and values. The key thing which comes across is professionalism and the balance between knowing the boundaries of the job and caring to the best of your ability. The focus is on making a difference." Another said, "I feel I work with a wonderful team who are as passionate about the job as I am. I believe we have the finest care coordinator we could hope for and the management have listened to any concerns I may have."

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

- Improvements had been made to the management structure and staff were clear about their roles and responsibilities. Staff were very positive about the changes and felt supported by managers who were approachable and available. Managers have utilised good practice guidance to improve practice such as setting up workshops to improve the language used in writing up daily notes so they are respectful and

detailed.

- Quality assurance processes were now installed and working well. Being electronic, the care planning systems has assisted the management team to monitor, collate and record information effectively. The quality audits we saw including daily notes, care plans, risk assessments, medicines, recruitment records, supervision and spots checks were all up to date and detailed. Appropriate action taken had been recorded.
- The registered manager had submitted notifications to CQC when they were required to.

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 provider understood their legal responsibility. They had an experienced management team who were open and honest with people when things had gone wrong. The management team were proactive in apologising first for anything that had gone wrong and making sure there was a satisfactory outcome for all concerned.

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

- Systems were in place to involve people, their family members and staff more fully in the development of the service. This included training workshops, staff and management meetings, supervision, staff surveys, people's reviews of their care, better communication and use of technology to monitor and improve quality and safety. Comments from the staff survey from February 2021 included staff communicating well, morale was uplifted, positive views about working for the company and good team work. A staff member said, "There are opportunities here and I take what I am offered with both hands. It's a small company which I like and to expand it would be okay but keep with the good things that are working well so as not to lose them."

Working in partnership with others

- The registered manager was committed to working alongside relevant external stakeholders. They told us they had good relationships with the local authority placement team, clinical commissioning group, social workers, nursing and palliative care teams. One social care professional said, "Working with B Pro has been very productive. All the extra work they are doing for one person is going above and beyond the call of duty and for that I am very grateful. They are very proactive, and they do so much more than what is actually written or what they're actually paid to do."