

Nightingale Holistic Services Limited

# Nightingale Holistic Services

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Nightingale Holistic Services is a community based domiciliary care service that offers a community outreach and a supported living service to people with learning disabilities and autism to live as independently as possible. The service was based within the supported living environment which is a large family home that has been converted into three flats. The supported living scheme was supporting six people and the community outreach service was providing support to two people within their own homes at the time of our inspection. The accommodation is not registered with the CQC, the premises and related aspects were not inspected.

### People's experience of using this service:

The service applied the values and principles of CQC guidance 'Registering the Right Support' (RRS). RRS guidance works to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes including control, choice and independence. People were enabled to make choices about their lives and were supported to be as independent as possible. People were a central part of the service and their views and wishes were sought and acted on by staff to provide person centred care to meet their needs and ambitions. People had achieved excellent outcomes based on staff support and a holistic care planning approach.

People and their relatives spoke positively about the service. People told us they felt safe and well supported by staff. Safeguarding and whistleblowing policies and procedures were in place. Staff understood these procedures, how to keep people safe and report any concerns.

People's needs, and preferences were assessed and where risks were identified, plans were in place to manage risks safely in the least restrictive way possible.

There were safe arrangements in place to manage medicines and staff followed appropriate infection control practices to prevent the spread of infections.

Appropriate recruitment checks took place before staff started work. There was sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were appropriately supported through induction, training, supervision and further professional development.

People were supported and encouraged to eat a healthy and well-balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they were fully involved in planning and reviewing their care and support

needs. People had access to health and social care professionals as required to maintain good health.

People were outstandingly supported to access community service and to participate in activities of their choosing that met their needs. People told us staff were caring and respected their privacy, dignity and promoted their independence.

Staff worked outstandingly with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.

People were aware of the service's complaints procedures and knew how to raise a complaint. There were systems in place to assess and monitor the quality of the service. The service worked extremely well in partnership with health and social care professionals and other organisations to plan and deliver an effective service. The service took people, their relatives and staff's views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection:

Good overall with Outstanding in Responsive (Report was published on 10 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

For more details, please see the full report which is on the website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 our Safe findings below

Good ●

### 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 exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below

Good ●

# Nightingale Holistic Services

## **Detailed findings**

### Background to this inspection

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

**Inspection team:** A single inspector carried out this inspection.

**Service and service type:** Nightingale Holistic Services provides care and support to people living in a 'supported living' setting, and in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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:** The inspection site visit took place on 4 April 2019 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

**What we did:** Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection visit we met and spoke with the director, registered manager, two senior support

workers, one support worker and three people living within the supported living scheme. We also spoke with two relatives of people using the outreach service by telephone and following our visit spoke with another relative to seek their feedback on the service. Throughout our inspection, at the location we also observed how people interacted with staff and the support that staff provided. We reviewed a range of records including three people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring and audit records and minutes of meetings held.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in their flats and with the staff that support them. One person said, "The staff are good, friendly. I love it here." Relatives of people using the service told us they felt their loved ones were safely supported by staff. One relative said, "[Loved one] is very happy there and we know they are safe."
- People were supported and protected from the risk of abuse or harm. Staff understood their roles and responsibilities to protect people from abuse and spoke confidently about the indicators of abuse and how to report concerns. Records showed that staff had received up to date training on safeguarding adults from abuse.
- The registered manager was aware of their responsibilities to safeguard people. We saw that where people had been at risk or concerns were identified appropriate actions were taken and professionals were informed as required.
- Staff worked with people to help them manage risks that could result in safeguarding concerns without limiting their rights or independence.
- Information was presented to people, their relatives and staff about safeguarding which was made available in alternative formats such as large print or easy to read where required.

Assessing risk, safety monitoring and management

- Staff followed risk management strategies and plans that were in place to support people to keep safe.
- Risk management plans provided guidance for staff on how to support people in managing risks safely without restricting individual's independence, rights and opportunities.
- Risk assessments were reflective of 'positive risk taking'; meaning individuals rights to make informed decisions about their lifestyle choices were supported by staff and in line with the principles of Registering the Right Support.
- Staff worked with people, their relatives where appropriate and health and social care professionals to monitor and assess risks to ensure people's safety.
- Behaviours considered as challenging were assessed and person-centred behaviour plans were in place detailing the potential behaviours people may display, any triggers and guidance for staff on how to respond effectively.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of supported living premises.
- People had individual emergency evacuation plans in place which highlighted the level of support required to evacuate the building safely in the event of an emergency. There were fire risk and evacuation plans in place and staff knew how to respond in the event of an emergency.

### Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- There were effective systems in place to learn from incidents, accidents, near misses and mistakes. Investigations were conducted when required to identify any trends or patterns, minimising the risk of reoccurrence. Any learning was disseminated to staff during handover meetings and regular staff meetings that were held.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

### Using medicines safely

- Medicines were managed, administered and stored safely.
- People's records confirmed they received their medicines safely as prescribed. Care plans documented the level of support people required to manage their medicines.
- Medicines administration records were checked regularly by staff and senior management to ensure they were accurate, and people received their medicines as prescribed.
- Staff administering medicines had received up to date training, and regular competency assessments to ensure their skills and knowledge remained up to date with best practice.
- Health care professionals reviewed people's medicines regularly to ensure they were effective and required.

### Staffing and recruitment

- The service ensured there were enough staff to meet people's needs and the recruitment system worked to reduce risks.
- Staff told us there was enough staff to meet people's needs and to support people with the things they wanted to do. The numbers of staff on duty matched the numbers planned for on the rota.
- The service recruited staff safely. Full employment checks were completed before staff started work. These included gaining accurate references, full employment history, health declaration, interview questions and answers, proof of eligibility to work in the UK where applicable and disclosure and barring service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Preventing and controlling infection

- Staff received training on infection control and food hygiene and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment.

# 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.

People's outcomes were consistently good, and their feedback confirmed this.

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

- Assessments of people's needs, and preferences were completed before they received support to ensure the service's suitability and that their needs and preferences could be met.
- Staff visited people to gather information about their lives and what was important to them, which also involved meeting with and speaking to relatives and relevant professionals.
- Assessments were used to produce individualised care plans which provided staff with detailed information and guidance on how best to support people to meet their individual needs.
- Assessment and care planning tools supported personal goal setting, relevant to individuals and with the aim of developing independent life skills, such as; seeking employment or traveling independently.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager was knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and people's rights were protected because staff acted in accordance with the MCA.
- Staff had a good understanding of the MCA and when it should be applied. People were supported, encouraged and empowered to make decisions independently and were provided with suitable information to enable this in a format that met their needs.
- People's consent was regularly reviewed to ensure arrangements in place were appropriate.
- One person commented, "Staff respect me and the decisions I make."

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

- People's physical, emotional and mental health care and support needs were effectively assessed, documented and reviewed to ensure their needs were met.
- People told us they were supported if required to attend appointments and to maintain good health. One person commented, "They [staff] make sure I'm well. I go to my appointments when I'm supposed to and visit the dentist when I need to." Records of health care appointments were retained in individuals care plans documenting any treatment required or received, ensuring staff were informed.

- People had individual health care plans and hospital passports in place. These provided people with information on how to achieve and maintain good health. Hospital passports provided healthcare professionals with information on individuals health care needs, what's important to them, personal preferences, and how best to communicate with them. This ensured people received person-centred care when attending hospital appointments.
- People had access to a range of healthcare services and professionals including GPs, dentists, opticians, community mental health teams, occupational therapists and psychiatrists amongst others.
- Staff worked in partnership with health and social care professionals to plan, review, monitor and deliver an effective service.

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

- People were supported to have and maintain a balanced diet to ensure their well-being. Care plans documented people's nutritional and hydration needs, support required with meal preparation, known allergies and any nutritional risks such as weight loss or gain.
- Records were maintained when required in relation to people's food and fluid intake and any concerns were monitored and referred to relevant healthcare professionals.
- Staff encouraged people to be as independent as possible with their choice and preparation of foods and regularly consulted with individuals on their choice of diet and preferences including any cultural requirements they had.
- One person told us, "I love having a cooked breakfast." Another person said, "Staff help me to budget my money, so I have enough for food and music."

#### Staff support: induction, training, skills and experience

- There were effective processes in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- One member of staff told us, "Training we have is good. I have just completed fire and autism on line training and class-based training. We had a visit from a sensory bus last year which was amazing. It was a good insight into what it is like for someone with autism. The training is very appropriate and responsive to people's needs."
- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately.
- A relative told us, "The staff really know [loved one] well. It's the best they have been. [Loved one] really interacts with us well now and their behaviour is better."
- The provider had an effective training pathway in place for staff to develop professionally. Further personal development included opportunities such as completing diplomas and long-distance learning in areas such as autism.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were involved in making decisions about their planned support and services received. One person told us, "I make all the decisions. I can come and go as I please. I love living here, the staff are really nice, and I have nice flatmates."
- Relatives told us they were consulted about their loved one's care and support options and were involved in making decisions where appropriate. One relative said, "We are always provided with lots of information and the staff are very good at contacting us."
- People's communication needs were assessed and documented within their plan of care. People had detailed communication and sensory profiles which provided staff with clear guidance on how best to support individuals. For example, one profile documented how the person reacted to fabrics, noise and the use of body language.
- Staff understood the Accessible Information Standard [AIS] and had received training in areas of communication to enhance effective communication and understanding. The AIS sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- The service produced information in a format that met people's needs, for example easy to read versions of the service user guide and policies and procedures such as complaints.

Respecting and promoting people's privacy, dignity and independence

- Following the principles of Registering the Right Support, people told us staff supported and encouraged them to be as independent as possible. One person commented, "Staff help me to do the things I want to do. I love music and going to concerts." A relative told us, "The staff are really good at working with [loved one]. They do little things that make a big difference such as completing [loved ones] calendar so they know what's happening every day and don't get anxious."
- Positive risk taking was safely encouraged and where required staff support was made available. For example, when accessing community transport and amenities or attending social clubs and events.
- Care plans contained detailed information on what people could do for themselves and areas they felt they needed support with.
- People were supported to maintain relationships that were important to them. For example, regularly visiting family members and attending work or social clubs. One person told us, "I like to see my [relative] every week. We go for lunch and to the pub." A relative commented, "When we see [loved one] we really notice the difference. [Loved one] has an opinion on things now and is really well supported."

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff had built positive, respectful relationships with their loved ones. One relative

commented, "The service works really well and they [staff] know exactly how to support [loved one]. The service is excellent, and we couldn't rate it more highly."

- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics in line with the Equality Act 2010.

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported and empowered to have maximum control over their lives. One person told us, "I love living here. The staff are great and support me when I need it, but I can do what I want." A relative said, "Our [loved one] is really doing well, they have changed so much as a person and are interested in so many things and people now. The work that staff have done is marvellous, we are extremely happy with the service."
- People were supported with personalised strategies to promote well-being and address anxiety or distress. For example, one member of staff told us, "Training we have is great, it really helps us to improve the work we do with people. I have done lots of positive behaviour planning with one person which now means that they no longer have to take prescribed medicines for managing their behaviour and anxiety. This is such a positive step."
- Staff used visual strategies to support people to move on from activities which caused anxiety and distress. For example, we were told one person responded well to clocks which indicated start and finish times of their favourite activity and signs that stated not to do something rather than saying 'no'. We saw these were in place during our inspection.
- Staff continually showed innovation in supporting individuals to overcome their fears and worries and to engage in activities that met their needs and interests. For example, one person was supported by staff to manage their anxieties and distress. This was achieved by supporting the person to keep small pets of their choosing which were housed in their garden. Staff supported the person to implement a plan to ensure the animals were cared for appropriately which also gave the person a sense of responsibility.
- During our inspection we observed staff had a warm and compassionate approach to supporting people in times of anxiety or distress. Staff received specialised training in autism, including positive behaviour support, focusing on de-escalation techniques. Staff actively supported people to understand how they were feeling, to help them proactively manage any behaviours that challenged. Staff supported people to develop problem-solving strategies as part of their positive behaviour support plans. We saw strategies in place for individuals including, writing letters, visual prompts, reward charts, contracts and timetables amongst others.
- We observed that staff were knowledgeable and aware of people's personas and individual needs and recognised signs such as mannerisms, habits and body language to identify mood and aggression or anxiety. People's support plans had clear guidance for staff on when an individual shows signs of distress and how best to support them.
- People's communication needs were identified, assessed and recorded in their plans of care in line with the Accessible Information Standard. Communication profiles included information on individual's communication preference and useful communication strategies for staff.
- Sensory profiles were also in place and provided staff with detailed information and effective strategies to

support sensory needs, for example, the feel of certain fabrics, the removal of clothing labels, noise and busy public places. These assisted people in managing their anxieties or distress. Staff also promoted the use of sensory lighting equipment to assist with relaxation.

- In line with the principles of Registering the Right Support the service had a clear and effective focus on maintaining and enhancing people's independence and inclusion. People were supported to seek employment opportunities and access specialist colleges and social clubs. People's activities were tailored to their individual wants and needs with clear goal planning systems in place to help them achieve these.
- Staff encouraged and supported people to pursue hobbies and interests inside and outside their home environments. For example, one person regularly enjoyed trampolining and had achieved a high rating level nine badge. Another person was in employment and also worked volunteering within the local community. Other activities people enjoyed, included, going to music concerts and theatre productions, attending relaxation clubs, going to drama groups and making props, pottery classes and gardening.
- People's diversity and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs. For example, one person was supported to practice their faith and to attend religious ceremonies. Staff had received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- Staff organised and supported people to plan and attend events such as Christmas parties and summer BBQ's. A member of staff told us, "We cook cultural foods from around the world of people's choosing. I often cook Jamaican foods which some people really enjoy."
- People were proactively encouraged to talk about their ideas and thoughts on how the service could improve. Staff were supportive in their approach enabling people driven improvements to the service. For example, people were provided with individual post boxes accessed by a key, so only they could access their mail. Where consent was given, and support was required staff assisted people to check their post daily and to manage their correspondences accordingly. This provided people with further autonomy and daily living skills.
- Relatives were involved in the care and support people received, where appropriate, and were invited to attend review meetings. One relative commented, "It's so important the work that's done with [loved one] to enhance [loved ones] independence but it's also so good how the service keeps us informed and that we can visit and speak to [loved one] at any time."
- Staff supported people to maintain relationships that were important to them. For example, one person was supported to develop skills using technology, so they could use a portable tablet and make 'face time' video calls to their relatives overseas. Staff had also supported the person to arrange provisions for them to fly out to see relatives overseas, through liaison with close family friends. People and their relatives told us these relationships were important, and they valued the opportunity to speak to those living further away.
- The service was active and visible in the local community, promoting autism awareness wherever possible. Staff had worked with local shops, taxi drivers, GPs and other amenities to learn more about autism. Staff had worked hard building relationships with the local community to ensure people participated and felt included within it.
- The service had recently been awarded accreditation through the National Autistic Society.

Improving care quality in response to complaints or concerns

- People were encouraged and supported to make a complaint if required. One person commented, "If there is something wrong I just tell the staff. We can just walk into the office at any time, staff always listen."
- During our inspection people were free to walk into the office at any time to discuss things that were important to them with the manager and staff.
- There was a culture of openness and transparency within the service and staff told us the manager was open to all comments and suggestions. Staff were supported and encouraged to reflect on professional

practice within supervision and following incidents to identify any learning outcomes.

- There were appropriate arrangements in place to respond to people's concerns and complaints. We noted there had been no complaints made since our last inspection of the service. The complaints procedure was available in different formats to meet people's needs including an easy to read format which was made accessible to people and their relatives.
- Relative's told us they were aware of the complaints procedure and knew how to make a complaint. One relative said, "We have absolutely nothing to complain about the service is wonderful. If we do want to talk about anything we know who to call."

#### End of life care and support

- At the time of our inspection no one using the service was receiving end of life care and support. However, the registered manager told us that if end of life care was required they would work with health and social care professionals including local hospices to provide people with appropriate support when required.
- People were supported to make decisions about their preferences for end of life care where appropriate and details of these were retained in care plans for reference.

# 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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were well established processes and procedures in place to ensure people received the care and support they required which promoted their independence and rights.
- It was evident during our inspection that people benefitted from receiving a service that was continually seeking to provide good care and support, make appropriate changes to the service and driving improvements.
- During our visit we met with the services director and registered manager. Both demonstrated good leadership skills and a commitment to the service and the people they supported.
- People and their relatives spoke positively about the service and the care and support they received. Comments included, "I love it here, they [staff] are nice and friendly", "I love my flat and the staff are great", "We are really happy with the service, we know [loved one] is safe and well supported", and, "The service is brilliant, we couldn't rate it more highly, staff are all very good."
- Staff spoke positively about management support and how the service was run. Comments included, "The staffing team here are brilliant and we all work together so well to make sure people get the best support possible", "Management support is very good, the managers door is always open if we need to speak about anything", and, "I feel very much supported. We have good training and I have regular supervision, it's a lovely place to work."

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

- The service had an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was a clear organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager was knowledgeable about the people they supported and worked hard to keep up to date with best practice and with the needs of the staffing team.
- The service had a clear vision and value base and had achieved accreditation with the National Autistic Society. To receive accreditation the provider had to demonstrate they were committed to understanding autism and setting the standard for autism practice.

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

- People and their relatives were regularly asked for their views about the care and support provided to check they remained happy or if changes were required.
- There were formal systems in place to ensure the service sought the views of people through regular reviews, key worker meetings, flat meetings and frequent surveys in a format that met individual's needs.

#### Continuous learning and improving care

- The service recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were robust processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out on a regular basis in areas such as medicines management, care plans and records, staff records and training and health and safety of equipment and living environments. Where required, action plans were developed to address any issues or concerns raised.
- Staff meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the service and to help drive and deliver service improvements.

#### Working in partnership with others

- The service and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, local authorities, service commissioners, mental health professionals, GPs, physiotherapists and occupational therapists.
- The registered manager told us the service worked in partnership with many local organisations to ensure the most appropriate services were available to provide appropriate support to individuals if required. For example, local clubs, colleges and agencies to seek employment opportunities.