

# Richmond Fellowship (The) Winston House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Winston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Winston House provides care and support for up to 25 people with mental health support needs. Nursing care is not provided. There are external and internal communal areas for people and their visitors to use. There were 19 people using the service when we visited.

This inspection was carried out on 15 and 18 December 2018. This was the first inspection of the service since being registered with a new provider on 1 February 2017.

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

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People were assisted by staff in a way that supported their safety and they were treated respectfully. People had health care and support plans in place to ensure their needs were being met. Risks to people were identified and plans were put into place to enable people to live as safely and independently as possible

There were sufficient numbers of safely recruited staff available to meet people's care and support needs. Medicines were safely stored and administered to people as prescribed.

There was a friendly and relaxed atmosphere in the service. The staff were observed to be kind, reassuring and attentive in their approach to people. People were provided with food and drink that met their individual needs and preferences. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified, actions were taken.

Staff were trained to provide effective care and support which met people's individual needs. The standard of staff members' work performance was reviewed by the registered manager and senior staff through regular supervisions and appraisals.

People were encouraged and supported to find meaningful activity to be involved in. The service considered

and implemented creative initiatives to give people a wide range of support to aid their mental health support needs. Care professionals were positive about the service and the support being provided.

The registered manager sought feedback about the quality of the service provided from people and/or their relatives, staff and visiting health professionals. There was taken. Learning from incidents were discussed at staff meetings to reduce the risk of recurrence.

The registered manager was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters. The service worked in partnership with other professionals to ensure that coordinated care was provided to people.

## 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.

There were enough staff deployed to keep people safe and provide them with the support they required.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns.

Potential risks to people and staff were assessed and minimised, without limiting people's decisions to take risks. Action was taken to ensure that medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported well so that they had the skills and knowledge to deliver effective support to the people who used the service.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make important decisions for themselves.

Assessments of people's needs were undertaken.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring, supportive and professional staff who knew each person and their individual needs well.

People were fully involved in planning their care and support and staff showed people that they mattered..

Staff respected people's privacy and dignity and encouraged people to fulfil their goals of being as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

Support plans were in place for each person and the support was fully personalised to meet individual needs.

People were encouraged and supported to find meaningful activity to be involved in. The service considered and implemented creative initiatives to give people a wide range of support

Complaints and concerns were responded to well.

### **Is the service well-led?**

The service was well-led.

The manager provided strong leadership and made sure staff were clear about their role in providing people with a high quality service.

A quality assurance process gave people, their relatives, staff and other stakeholders a number of ways in which to comment about the service. Audits and quality monitoring checks were carried out and shortfalls addressed.

Legal requirements were upheld, including notifications being sent to the CQC as required.

**Good** ●

# Winston House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection included two visits to the service. The first visit took place on 15 December 2017 and was unannounced. We arranged to return for a second visit on 18 December 2017. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with 12 people who were receiving support in the service, one relative, the registered manager, deputy manager, an operational manager, two assistant managers, an activities coordinator, three support workers and two visiting professionals. We also spoke with a worker from a local homelessness project, a community psychiatric nurse (CPN) and an occupational therapist from the local forensic team who were visiting people at the service.

Prior to our inspection we also received information from two CPNs and a team manager from the local forensic team, two psychiatrists and a manager from the local authority safeguarding team.

We looked at four people's care records and records in relation to the management of the service and the management of staff such as recruitment and training records. We looked at records relating to the management of risk, care and support, medicine administration, two staff recruitment files, training files and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

People we met told us that they felt safe. One person said, "People really look after each other here and I have made a lot of friends." Another person said, "I do feel safe here and if I didn't I can always talk to a member of staff and they talk with me, help sort out my worries, which is great." One relative we spoke with said, "The staff provide (family member) with very good care and support and I feel that they are safe living at Winston House." A team manager from the local forensic team said, "The team there have encountered some challenging situations over the past couple of years, but I have always been impressed by their ability to manage these in an effective and safe manner."

There were effective safeguarding guidelines and policies in place for staff to follow. Staff were aware of their roles and responsibilities in relation reporting any incidents so that people were protected from harm. Staff received safeguarding training and they were knowledgeable and aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager or the local authority safeguarding team. One member of staff said, "I would never hesitate in reporting my concerns to the [registered] manager and feel that they would deal with any concerns properly." This showed us that there were processes and procedures that helped keep reduce the risk of harm to people.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks. Examples included risk assessments regarding alcohol, medicines, challenging behaviours, self-harm and identifying triggers that may cause anxiety and stress for people. Referrals to manage any identified risk had been made to relevant care professionals where this was necessary, such as a change to a person's mental health needs. One psychiatrist said, "The staff are courteous, always available, proactive in contacting me or my colleagues in the mental health team whenever there is an issue, doubt or concern. They are managed locally by kind-hearted people and that shows in the culture of the place."

There were sufficient numbers of staff to meet the needs of the people at the service. Staff and people told us that there were enough staff on duty to support people both in the service and when accessing the local community. Staff rotas were arranged and organised effectively to ensure that people received the care and support they required.

Staff only commenced working when all the required recruitment checks had been satisfactorily completed. Staff recruitment was managed in conjunction with the registered manager and the organisation's personnel department. Staff we spoke with confirmed that they had supplied the required recruitment documentation prior to commencing working at the service. New staff had completed an induction and were supported by more experienced staff so that they had an understanding and felt confident about how to provide the required care and support. One member of staff said, "I have been very well supported and welcomed since starting working here. I can raise and discuss any issues with the registered manager and senior staff and colleagues which has been very helpful."

We observed staff safely administer people's medication at various times during the day in an efficient and

calm manner. Staff told us that they had been regularly trained so that they could safely administer and manage people's prescribed medications. Medication was stored at temperatures recommended by the manufacturer and was stored securely. Records were in place to record medication that had been administered, returned and ordered. Risk assessments were in place for people who administered their own medication.

The registered manager told us that people were in regular consultation with their psychiatrist to ensure that reviews were in place regarding any changes or issues about their medication. People we met told us that they had felt involved in decision making about their prescribed medicines. A number of people were administering their own medicines, which they saw as a positive step forward.

The provider had personal emergency evacuation plans (PEEPs) for the people living at the service. However, each person was capable of following instructions and finding their own way out of the building in the event of a fire. We saw that people had been involved in fire drills regularly to make sure they knew what to do and they had responded appropriately to the alarms.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and regular training for staff. Food stored in the refrigerators had the opening dates clearly recorded. Staff had access to personal protective equipment such as gloves, aprons and hand gel. The service was kept in a clean state and there were no concerns in relation to infection control. We saw that the service had achieved a five-star rating from the food standards agency in 2017.

Incident forms were looked at by the registered manager. This was for any incident or near miss which staff had reported. There were arrangements in place to liaise with the appropriate authorities where incidents had occurred. Staff demonstrated that they understood their responsibilities to raise concerns whenever this was required. Any actions taken were documented as part of the service's on-going quality monitoring process to reduce the risk of the incident reoccurring. There were no current trends identified. This showed us that the provider had systems in place to monitor the quality of people's safety whilst receiving care at the service. Systems were in place to respond to any safety alerts such as those for medicines and equipment people used if this was ever required.



## Is the service effective?

### Our findings

External health and social care professionals visited the service and worked with staff to monitor and promote people's well-being and on-going care. Staff told us they received a range of training to ensure they could meet the needs of people and provide them with effective care and support. Staff confirmed that they received regular updates/refresher training sessions to ensure their training was kept up to date. Staff said that they were also encouraged to be involved in new initiatives and one member of staff told us about the alcohol and drug training sessions they had been involved with. They said that this had been particularly helpful in supporting some of the people living at the service. Part of staffs training included equality and diversity. We saw that all people were treated equally and that discrimination was not tolerated.

There was an ongoing programme of supervision and appraisal to ensure staff's performance and development needs were monitored. Staff were given the time they needed to undertake their training to help ensure they were provided with the skills to deliver care in a compassionate and effective way. Staff confirmed that they felt very well supported and could raise any concerns with the registered manager and senior staff at any time.

People were supported to have enough to eat and drink. In addition to main meals a range of drinks and snacks were readily available during the day. People were fully involved in preparing meals and joined in with the preparation of lunch and evening meals. Staff offered people assistance and support with preparation of meals and drinks to maximise each person's independence. Meals were varied and also included healthy options such as vegetables and fruit and a choice of main course. Staff told us that there were meetings with people to decide on the meals they would like and so that they could have a choice to meet their needs and preferences. The registered manager told us that a dietician visited the service to speak with people and provide advice about diet and nutrition.

One person said, "I enjoy cooking and now feel more confident in being able to make a variety of meals." People also had the opportunity to self-cater and were given a budget to buy food. One person said, "I have been self-catering for a while now and this will be useful when I move on to my own flat in the future."

Staff proactively responded to people's healthcare needs and assisted people where necessary to attend appointments and also telephoned the local GP surgery for advice when required. We saw that the staff were in regular contact with a range of healthcare professionals to monitor any changes to people's care and support needs so that they could proactively support people with any changing care and support needs.

There were records in place which included appointments with health care professionals. Staff supported people to be involved in monitoring their health. People told us that they had regular access to a GP, dentist, optician and dietician whenever they needed. In addition we saw that people had regular contact with local mental health teams including appointments with a psychiatrist and Community Psychiatric Nurses (CPN) on an ongoing basis to discuss and monitor their mental health support needs. One psychiatrist said, "My impression is that they provide a tailored level of input to clients, more intense when required, and giving

them space for their independence to develop when they are doing well." A CPN said, "I'm glad to say that Winston House provides an invaluable service to the type of clients we have in the forensic community service in Cambridge."

One person said, "I can always see my doctor if I needed and the staff help me with this." A relative told us, "The staff will always contact a doctor if my [family member] is unwell." This showed us that there was an effective system in place to monitor and respond to people's changing health care needs and that people were being supported to access health care professionals to ensure that their general health was maintained.

People could furnish their own rooms and have their own possessions to meet their wishes and preferences to suit their individual style and taste. People had free access to the communal areas in the service and to the gardens whenever they wished. Systems were in place if equipment broke down or became unsafe to use. There were arrangements in place to report maintenance issues to the provider and to carry out decoration and refurbishments at the service in a timely manner. One person told us that they were a keen gardener and enjoyed spending time helping to keep the garden areas tidy.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems and processes were in place to monitor and review people's mental capacity should any change in a person's capacity to make decisions change such as a change in health status. Staff demonstrated to us their understanding of the MCA and DoLS and as a result of this they were able to support people to make their own decisions. A staff member told us, "We never assume a person lacks mental capacity unless proven otherwise." This showed that people would not have their freedom restricted in an unlawful manner.

## Is the service caring?

### Our findings

One person said, "I have lived here for a long time and it's been excellent – the staff are really good and help me with what I need. I can speak with the staff whenever I want and they help me to sort any problems." There was a friendly rapport between staff and people using the service. People were assisted by staff with organising appointments and making arrangements for the evening meal and to go out to the local town. A relative told us, "My [family member] is very happy and feels very supported by the staff at Winston House and I have no concerns."

People's independence was promoted by skilled and knowledgeable staff who supported and encouraged people to organise their day in a respectful, unhurried and kind manner. We saw that staff took time to listen attentively to people's requests and discuss the support that people required. One person said, "The staff are really friendly and helpful to me and they are kind and cheerful." Another person said, "My life has changed a lot since being at Winston House. I am looking forward to a better future now and the staff have really helped me to organise and sort my life out." A relative said, "My [family member] has become more confident since living at Winston House and is communicating a lot better - this is due to the staff's helpful encouragement and support."

A care professional commented that they always found the atmosphere in the service to be very welcoming, warm and, friendly and that staff were kind and compassionate about the people using the service." Another care professional told us that, "They (staff) are sociable and professional in their approach to work. Staff are able to recognise risks at the very early stages as they develop and they act promptly to avoid escalation of these in various ways including liaising with other professionals."

We saw that staff asked people about their individual choices and were responsive to that choice. Staff reassured people to help alleviate any worries the person may have had. We saw staff speaking with people in a kind, sensitive and attentive way and they respected their privacy and dignity. People told us that they felt very involved in making decisions about their lives and were positive about the support they received from staff. Staff used visual prompts to encourage participation including pictures of meal choices. We saw that members of staff included people in conversations, such as talking about forthcoming events. People were seen to be comfortable with staff and there was a good deal of good natured banter in place.

A relative we spoke with told us that the staff were kind, caring and compassionate. The registered manager told us that no one receiving support at the service currently had a formal advocate in place but that local services were available when required.

Staff members were enthusiastic about the care and support that they provided and talked with a great deal of warmth and affection about the people using the service. One staff member told us, "I really enjoy working here and it is a supportive team." We saw staff speaking with people in a kind and caring manner and explaining what they were doing whilst providing assistance. Staff knocked on people's bedroom doors before entering. This demonstrated that staff respected the rights and privacy needs of people.

We saw that people's privacy and choices were respected. People were able to choose where they spent their time and could use the communal areas within the service and in their own bedrooms. People were able to relax in the lounge and also spend time in their room if they preferred. One person told us that they enjoyed using the computers available to them so that they could improve their skills. Staff supported people to maintain contact with their friends and family.

People were also encouraged by staff to maintain contact with their friends and family. Relatives we spoke with confirmed that they had regular contact with their family member and that they were always welcomed by the registered manager and staff to visit whenever they wished.

We met one person who had previously lived at the service and they told us they enjoyed visiting and staying in touch with people they knew and chatting with the staff. They also told us how much they had gained from their time living at the service and were positive about the staff's support. One relative said, "I am made welcome at any time and it is always calm and relaxed in the home."

People's independence was valued. Assistance was given to help people improve their life skills and have more structure in their lives. Examples included assistance with financial budgeting, cookery skills, better time management. One person told us that they were trying harder to organise their day more effectively including improving getting up earlier so they could attend more activities. They said that staff had been supportive to assist them achieve more structure in their day.

## Is the service responsive?

### Our findings

A detailed initial assessment of people's care and support needs had been completed prior to them using the service. People had the opportunity to make a number of visits to the service prior to moving in. This assisted people to feel comfortable and get to know the staff and people living at the service and settle in well. This ensured as much as possible, that each person's needs were well known and would be able to be met.

One person said, "They [staff] know me and the things that I like and dislike and I am very involved in planning my care and the support that I need." Another person said, "Being at Winston House has changed my life altogether and the staff have been very supportive indeed."

Each person had a keyworker who coordinated the person's support and liaised with a range of care professionals. Staff told us that they were regularly involved in updating care and support plans and included people at all times to ensure their full involvement and contribution. People we spoke to said that they were fully involved in discussing their support needs on a regular basis.

People's care records contained detailed guidance for staff about how to meet the person's needs. The care plans were written in a person centred way to meet people's individual preferences. We saw four care plans and they were clear, up to date and provided detailed information so that staff could deliver the required care and support. There was a variety of care and support documentation in place covering aspects of each person's assessed care needs. There were clear guidelines for staff to follow so that they were able meet the people's assessed needs, preferences and personal support requirements. The care plans we looked at were written in a 'person centred' style to show the person's care and support preferences. Information also included detailed guidelines regarding people's mental health support needs.

People had opportunities to pursue their hobbies and interests. One person told us that they enjoyed going out shopping and cooking. People were able to use the communal areas of the service and to spend time in their room if they so wished. We saw people and staff happily socialising in the kitchen and communal lounges throughout the day. Staff told us that they assisted people to go out in the local community, such as visiting shops and local cafes. Staff were aware of people's needs and preferences might change day to day and that staff were flexible in offering choices and supporting people with their chosen task or activity. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

People could choose what they wanted to do during the day. Each person regularly met with their keyworker to review their activities during the week. There was a wide range of individual activities and group sessions for people to engage in both at the service and in the community. One person told us about their involvement with a furniture collecting charity and another person proudly spoke about their cleaning jobs which they were enjoying. Staff ensured that choices were made available to people including choices of meals and places they wanted to visit, such as local sports facilities, shops, church, cinema, theatres, music events and trips to local cafes.

People had been involved in organising a play/pantomime, which was to be staged at the service. This was a joint venture involving and organised by people at the service and members of staff. People spoke enthusiastically about this and were proud that they would be performing and singing in the production. People also spoke enthusiastically about performing the production on two units at a local hospital in the next week. People said being involved in this event had improved their confidence and given everyone involved great fun and enjoyment.

Two people told us about the 'Hearing Voices' group that they were running at the service. This is a group where people can share their mental health experiences and receive support and reassurance from each other. One person told us that this group had been very important and useful for them and they had derived a lot of support and understanding from the sessions they had been involved in.

There was a new 'Mindfulness Group' being facilitated by a member of staff which helped people focus on aspects of their lives and learn new ways of relaxing and coping with day to day pressures, issues and concerns. People told us that they had enjoyed attending this group and found it to be relaxing and helpful. There was also a 'Wellbeing' group which helped people look at their diet and motivation to change their lifestyles.

Another member of staff told us about a new training initiative being developed at the service entitled 'Dialectical Behavioural Therapy'. This approach helps people to change life patterns and learn about the triggers that lead to negative symptoms and behaviours. This initiative gave people positive experiences and helped to develop new ways of coping and identifying the support they required to manage their mental health needs. The registered manager told us that this new initiative had also given staff a positive experience and helped them develop new ways of thinking and providing support to people.

We also spoke with the newly appointed activities/wellbeing coordinator. They were in the process of meeting with people and staff to gather information and organise ongoing activities and assist people to try new things whilst at home and out in the wider community. Examples included cinema trips, coffee groups, gardening sessions, drama groups, cookery sessions, art sessions and joining more local sporting facilities. People also had access to 'in house' activities which included music facilities, television, DVD's cooking sessions and computer games. A relative told us, "My [family member] is very settled and happy living at Winston house."

Care plans were up to date and continued to be regularly reviewed and monitored by the registered manager and senior staff to ensure that people's needs were being met and were up to date and any changes were responded to and documented. A relative told us that they had felt involved with their family member's care and support needs.

The registered manager told us that people would be supported to have access to technology to assist them whenever needed. However, no one currently using the service was using any assistive technology.

One person said, "I can always speak to the [registered] manager and staff if I am not happy about anything and I feel listened to and they help to sort things out with me." One relative said, "The manager and staff deal with any concerns or issues that I may have very promptly and I feel listened to." There was a complaints policy and procedure available so people could access it and use it themselves if they wanted to. A complaint recording log was in place and there was evidence of previous correspondence to resolve concerns that had been raised by people. There were no current complaints being investigated.

People's end of life care wishes were considered. The registered manager confirmed that where end of life

issues arose they would be involved with appropriate services. This would include the person's GP and healthcare services along with families

## Is the service well-led?

### Our findings

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify them of. This showed us that the registered manager was aware of their responsibilities in reporting events to the CQC when required.

There were effective management arrangements in place and many of the staff had worked at the service for a number of years and were very knowledgeable about the care and support that was provided. One member of staff told us, "I love my job and working here and we work very well together as a team." Another member of staff told us that they felt very involved in all aspects of the service and that the registered manager and senior staff positively encouraged participation in developing the service.

Staff told us that there was an open culture and that they felt well supported by the registered manager and senior staff. They said they were confident in being able to raise any issues or concerns with the registered manager. A member of staff told us, "It's a very good team here, and I feel very well supported." Another staff member told us, "Our [registered] manager and senior staff are very supportive and helpful and I can speak with them any time I need to – they are hands on and will always help out at any time." Staff were aware of the whistleblowing policy and told us that they would not hesitate in reporting any poor practices, if they ever witnessed these, to the senior staff and registered manager.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. Following the 2017 survey the registered manager and staff compiled an action plan to follow up on people's requests. Examples included; more support focusing on relationship needs of the client group and extra support for people regarding their addiction recovery support needs. A relative we spoke with during our visit had positive comments about the service and they said that they were happy with the service provided to their family member. There was a daily meeting held with staff and people to discuss events happening that day. There was also a weekly community meeting where people had the opportunity to discuss and raise any issues or concerns affecting them. People also had regular discussions with their keyworker to discuss individual issues confidentially.

Staff told us that they were made aware of any updates and events in the service. They also told us that they attended regular staff meetings and handovers where they could raise any issues and ideas for development. Examples included changes to people's care and support, activities and training issues. This was as well as being made aware of their responsibilities to provide safe and high quality care under the provider's values. Staff told us that they felt supported by their registered manager and senior colleagues, and were encouraged to help develop the service.

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



The registered manager and senior staff monitored a number of key areas which included; care planning updates, staffing, training, health and safety and any concerns or complaints. There were up to date health and safety monitoring arrangements in place including, fridge temperature records, fire records, and water testing and water temperature records. This meant that the safety and quality of people's care was consistently monitored. We saw that there were effective arrangements in place for the servicing and checking of equipment and the fire safety system.

Audits were also carried out by an operational manager to monitor the service and to highlight any identified risk. Where the need for improvement had been highlighted action had been taken to improve systems. This demonstrated the service had a positive approach towards a culture of continuous improvement.

Care professionals we spoke with were positive about the service and told us that communication was very good and the information provided by the registered manager and staff was always professional and of good quality. In addition they felt that the registered manager and staff team were very knowledgeable and helpful about the people receiving support in the service. One health professional said, "Winston House provides an important resource for people and provides professional support of people."

A local MP had also recently visited the service to gain a better understanding of local mental health services. This helped staff work in partnership with other organisations such as the local mental health and forensic teams, the local authority and healthcare teams and to generate more awareness regarding mental health issues.