

Crystal Management Services Limited

Crystal Homes

Inspection report

295 Brockley Road
London
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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

We carried out this unannounced comprehensive inspection on 20 August 2017. At our last comprehensive inspection of 28 February 2017 and 6 March 2017 we found the registered manager and provider were in breach of regulations related to safe care and treatment, good governance, fit and proper persons employed and notification of incidents.

After the inspection, the Care Quality Commission took enforcement action (issued a notice of proposal to cancel the provider's registration) due to the high risk posed to people's health and well-being. The provider sent us an action plan and told us what they had done to meet legal requirements in relation to the breaches identified. We carried out this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection, we found that the issues identified in our previous inspection were resolved and the provider now met all the relevant requirements.

Crystal Homes provides accommodation and personal care for up to four people with mental health needs. At the time of the inspection, three people were using the service.

The service had a registered manager at the time of the inspection. 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 had overall responsibility for the service, but a manager conducted the day to day management of the service. The manager had started an application process for registration with the CQC.

People were safe at the service. Staff understood their responsibility to identify and report abuse to keep people safe. Staff identified risks to people's well-being and had sufficient guidance on how to provide safe care.

The registered manager deployed sufficient numbers of staff to meet people's needs safely. The provider had appropriate recruitment and selection procedures in place to ensure that they only employed staff suitable to provide safe care.

The premises were safe for people using the service. Fire doors had the appropriate seals, intumescent strips, and suitable door closing mechanisms. The provider carried out repairs and maintenance of the service in a timely manner.

Staff were trained and skilled to undertake their roles effectively. Staff understood people's needs and the support they required. People received care provided by staff who received regular supervisions, annual appraisal and training.

Staff delivered people's care in accordance with the requirements of the Mental Capacity Act 2005. People consented to care and treatment.

People received food that met their nutrition and hydration needs. Staff encouraged people to eat healthy foods and to maintain a balanced diet. People had access to healthcare services when needed to maintain their health and well-being.

People were treated with respect, kindness and compassion. Staff maintained people's dignity and privacy. People were supported to develop skills for independent living and to take part in activities they liked.

People received care that was responsive to their individualised needs. People had their needs identified and assessed. Support plans provided guidance to staff about how to deliver care.

People gave their views about the service and the provider considered their feedback. People knew how to make a complaint and were confident that their concerns would be addressed.

People using the service and staff were happy about the management of the service. Staff understood their responsibilities and were valued at the service. The manager maintained a high presence at the service and was available to talk to people and to offer guidance to staff.

Quality assurance systems were effective to identify shortfalls at the service. The provider made improvements in a timely manner and submitted notifications to the CQC as required.

People benefited from a person centred culture that focused on their individual needs. The provider had established positive working relationships with external agencies and worked closely with other health and social care professionals.

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. People were safe from the risk of avoidable harm. The environment was safe for people to live in.

Staff knew how to identify and report abuse to keep people safe.

People received safe care from a sufficient number of staff. The provider had appropriate recruitment procedures in place.

Staff supported people to take and manage their medicines safely.

Is the service effective?

Good ●

The service was effective. People received care provided by skilled and trained staff. Staff received supervision and appraisal to enable them to undertake their roles.

Staff delivered care in line with the requirements of the Mental Capacity Act 2005.

People enjoyed the food provided at the service and which met their nutritional and hydration needs.

People had access to healthcare services when needed.

Is the service caring?

Good ●

The service was caring. People received care provided with kindness and compassion.

Staff supported people to maintain relationships that mattered to them.

People planned and made decisions about their care. Staff respected people's choices about how they wanted their care delivered.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive. People received care that met their individual needs. Staff understood the needs of the people they cared for.

Staff had sufficient information about how to support people with their mental health needs.

People took part in activities of their choosing and developed daily living skills.

People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. People received personalised care. There was a culture focussed on the needs of people using the service.

People using the service and staff made positive comments about the management of the service.

The provider used effectively the quality assurances systems in place to improve the standards of care.

People benefitted from a close partnership between the provider and health and social care professionals.

Crystal Homes

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 was planned to check 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 unannounced inspection took place on 20 August 2017 and was undertaken by two inspectors.

Before our inspection, we reviewed the information we held about the service. We looked at Crystal Homes' previous inspection reports and other information we held including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used all of this information to plan our inspection.

During the inspection, we looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with two people using the service. The registered manager was not available on the day of our inspection. We spoke with one member of care staff and the manager who was in charge of the day to day operations of the service.

We reviewed two people's care plans and their medicine administration records. We looked at three staff members' records relating to recruitment, training, induction, duty rosters, supervisions and appraisals. We also looked at records related to the management of the service that included quality assurance audits, safeguarding reports, accident and incident records, complaints and policies and procedures.

We checked feedback the service had received from people using the service, their relatives, health and social care professionals and visitors.

After the inspection, we received feedback from two health and social care professional and the local authority who commissioned the service. We spoke with a relative of people using the service who gave us

feedback about their experience of the home. We also spoke with two members of the care staff.

Is the service safe?

Our findings

At our previous inspection of 28 February 2017 and 6 March 2017, we found that people were at risk in the event of a fire. Doors fitted at the service did not meet appropriate fire safety requirements. The provider had not made the repairs identified in the audits in relation to the safety of the premises. At this inspection, we found that the provider had installed fire doors, fitted a new carpet and bought a new television set for the communal lounge. Improvements made the premises safe for people.

At our previous inspection of 28 February 2017 and 6 March 2017, we found that the provider had not recruited staff appropriately. Since our last inspection, the provider had not recruited any new members of staff. However, the manager was able to describe a safe recruitment process in line with the provider's procedures. Appropriate recruitment and selection policy and procedures were in place.

People were safe from the risk of abuse. One person told us, "I feel safe here." Staff attended safeguarding training to enable them to identify and report abuse. Staff understood their responsibility to raise any concerns and were confident the manager would take appropriate action. The local authority safeguarding team was involved when needed to ensure people were safe at the service. The manager reviewed a person's support plan after a safeguarding incident to ensure they received safe care.

People were safe from avoidable harm and injury. Health and social care professionals and staff carried out detailed assessments of risks to people's health and well-being. Risks identified included substance misuse, self-neglect, violence and aggression and non-compliance with taking their medicines. The assessment indicated the level of risk to ensure that staff understood how to handle difficult situations presented by people and when to call emergency services. Staff had sufficient information about how to support people with their mental health needs. Records showed they followed guidance provided by mental healthcare professionals. For example, when a person continued to show behaviours that challenged, staff monitored and informed health and social care professionals for additional support and intervention. There was CCTV operation in communal areas to ensure people were safe. The manager and staff reviewed CCTV footage regularly to identify any risks to people's health and to take appropriate action in a timely manner. Staff undertook regular and ad-hoc room checks and monitored visitors in accordance with people's care plans to maintain their safety. Staff carried out regular and routine drug and alcohol tests when necessary and informed health and social care professionals if they had concerns about people's health.

People received care that met their needs safely. There were sufficient numbers of staff deployed at the service to support people. Staff told us they had enough time to provide care and to support people undertake activities. The manager reviewed people's needs and adjusted staffing levels when required. Duty rosters showed adequate cover for all shifts and planned absences. Staff had access to guidance and support outside office hours because the registered manager operated an on call system. We observed staff spoke with people in an unhurried manner and gave them time to discuss their plans for the day.

People took their medicines safely. The registered manager together with health and social care professionals assessed each person's ability to manage their medicines. Staff worked closely with health

and social care professionals to review people's medicines. Staff involved professionals when a person declined to take their medicines and maintained detailed records of how this affected the person's health. Medicines were stored safely in a lockable cabinet maintained within a locked office. The medicines cabinet was not secured because the office had undergone refurbishment. The manager sent us evidence after the inspection, which showed the cabinet safely secured to a wall. Staff completed medicines administration records (MARs) accurately. Staff recorded the reasons why a person had not taken their medicines and informed healthcare professionals in a timely manner about this. The provider's 'when required' medicines protocols were clear and staff followed the guidance.

People were protected from the risk of a fire at the service. Personal Emergency Evacuation Plans showed the support each person required to evacuate safely from the building. Fire alarm systems, equipment and emergency lighting were tested weekly and fire drills were done regularly. Staff had received fire safety training which they described as useful in equipping them with the knowledge on how to support people safely.

Premises were safe for people to use. The provider had carried out a refurbishment of the service including the basement. The walls were freshly painted although one bedroom that was vacant had not been refurbished. The manager informed us that they had plans to refurbish the bedroom. We observed a stained chair in the lounge which staff removed during the inspection visit. The manager informed us after the inspection that they had replaced the chair. There was discarded furniture in the courtyard awaiting refuse collection. The manager advised us after the inspection that a collection was made

People were safe from the risk of infection. Staff understood how to minimise the spread of infection through following the provider's infection control policy. Staff told us they washed their hands before and after handling foods and medicines. Staff were responsible for cleaning the premises as part of their duties. There were areas of the service that had some dust which the manager attributed to the constant opening of the front door as people went out and came back into the service. The manager checked the cleanliness of the service and ensured staff completed their tasks satisfactorily.

Is the service effective?

Our findings

People were supported by staff who had the skills and experience required to undertake their role. Staff attended the provider's mandatory training and refresher courses that included medicines management, safeguarding adults, fire safety, infection control and mental capacity. Staff received specialist training to help them to understand people's specific mental health needs and the support they required. The training included an introduction to legal highs, cannabis awareness and caring for people with psychosis and schizophrenia. The provider had an induction programme that all new staff undertook to enable them to carry out their work. The manager was able to describe how they would support new staff through introducing them to people using the service, familiarising themselves with the people, their care plans and policies and procedures about how to deliver care. There was an appropriate induction programme in place. The provider had not recruited any new staff since our last inspection.

People received care from staff supported in their roles. One member of staff told us, "It's important that we have the one to one sessions with the manager to talk about any issues going on at the service." Another member of staff said, "The manager listens and is supportive." Records confirmed regular supervisions and discussions that centred on people's health needs, record keeping, teamwork and any additional support and training staff required. The manager followed up on issues raised in supervision, for example by ensuring that staff attended refresher courses when due. Staff received an annual appraisal to review their work practice and to set learning and developments plans. Staff were able to request additional training and received support to advance in their careers.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff supported people in line with principles of MCA.

People consented to care and treatment. One person told us, "Staff do ask what help I need." Staff understood and respected the need to get people's consent prior to providing care. One member of staff told us, "We respect people's right to choose whether they want to receive care and when." Staff told us and records confirmed health and social care professionals were involved when a person declined care and treatment. This ensured health and social care professionals held meetings when necessary to make decisions in their best interests. People had signed consent forms to receive support with their medicines

and to live at the service. At the time of our inspection, there was no one subject to the DoLS. However, people were subject to other restrictions by external agencies involved in their care.

People received sufficient food and drink they required. One person told us, "We have a set menu. I can choose to have something different." Another person said, "I sometimes cook my favourite dish." Staff had regular menu planning meetings with people to discuss their food choices and preferences. Care records contained information about people's food likes and dislikes, preferences and their ability to prepare their own meals. We observed staff supporting people to prepare a breakfast of their choice.

People had access to healthcare services when needed. Healthcare professionals commented that staff ensured people attended their appointments and kept them informed about changes in their behaviour in a timely manner. Staff knew people's healthcare needs and recognised quickly if they were unwell, for example when they had significant weight loss. Records confirmed staff supported people to attend regular check-ups and a review of their health needs. People received support from specialist healthcare professionals such as GPs, care coordinators, psychiatrists and community psychiatrist nurses for their mental health needs and general well-being. Staff monitored people's mental health and contacted healthcare professionals when they identified signs of a relapse. We noted that people received timely interventions with their mental needs.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "I get on well with everyone and the staff." Another person said, "The staff are lovely." Health and social care professionals commented that staff were interested in people's well-being and supported them to live fulfilling lives.

People enjoyed positive working relationships with staff. One person told us, "I talk to staff about things that bother me and they are supportive." Another person said, "[Staff] are interested about how I am getting on. I like them." Health and social care professionals commented that staff understood people's needs and were supportive towards their recovery. Staff maintained contact with people when they were on social leave or in hospital. This fostered positive relationships as people felt valued. We observed people were comfortable around staff and that they had developed a rapport with them. Staff spoke with people in a friendly manner and showed interest about how each person wanted to spend their day.

People received support to maintain relationships which mattered to them. One relative told us, "Staff contact us and update us about [person's] welfare." Staff ensured people maintained appropriate relationships in line with the conditions set by health and social care professionals and agencies involved in their care. Visitors, friends and family members were welcome at the service. Records showed people received visitors at the service.

People were involved in planning and making decisions about their care. One person told us, "I have meetings with my care coordinator and staff to discuss my care plan. I am happy with my support plan." Care records showed people's preferences and routines such as the times they like to go to bed and when and where they had their meals. Staff encouraged people to develop and maintain their daily living skills. Records showed staff supported people as they required. Health and social care professionals and where appropriate, family members were involved in care planning.

People were encouraged to live as independently as possible and to do as much as they could for themselves. One person commented, "I want to become independent and have access to private accommodation, that is a flat of my own." People's care records showed that staff supported them to have a structured day through a flexible timetable. Staff supported people to develop daily living skills such as meal preparation, house cleaning and managing their finances. People took part in group activities at the service which improved their communication and interpersonal skills. One person attended college to gain vocational qualifications to enable them to progress to paid employment. Another person took on voluntary work to develop [his/her] skills. We observed people prepare their breakfast.

People held regular key working meetings with a member of staff assigned to coordinate their care. For example, they discussed the skills a person wanted to develop, the progress with their health and any changes required to their support plan. The manager reviewed people's records to ensure staff were supporting people as planned. Staff and health care professionals used the information gathered at the key working sessions to develop the person's care plan, risk assessments and to set goals about their future.

Staff respected people's dignity and privacy. One person said, "I have conversations in private with [staff], for example when we talk about my health." Another person said, "[Staff] will knock and wait to be invited into my room." Staff understood how to promote people's dignity. They were able to describe to us how they respected people's personal space and said they would only access people's rooms if they had any concerns about their safety and to support them with maintain good standards of cleanliness. Records showed the provider consulted people on deciding the colours of the communal areas and their bedrooms which made them feel valued and respected at the service.

People had their information and confidentiality maintained. People's information and records were stored securely in locked cabinets and accessible to authorised staff. Computers were password protected which meant that unauthorised parties could not access people's information. The manager told us they shared information with other health and social care professionals on a need to know basis. Staff held handover meetings and updated people's records away from people and visitors to protect their information. Daily observation logs showed staff delivered people's care in line with their preferences and wishes, which enhanced their dignity.

Is the service responsive?

Our findings

People received care that met their individual needs. The manager carried out a detailed assessment of people's needs before they moved into the service to ensure each person could receive appropriate care. People using the service and their relatives where appropriate, along with health and social care professionals contributed to the assessments, care planning and reviews. This ensured that people received personalised care suitable for their health and well-being. People were supported to settle in the care home and underwent an induction of the service. Staff introduced them to the facilities at the service and other people living at the home. Information gathered at assessments included people's background, life history, mental and physical health, interests and the support they required. Staff were aware of people's histories and how this affected their day lives. Staff explained the rules of the service which included a non-smoking and alcohol free policy in the home and guidance around visitors. Arrangements were made to have each person registered with a local GP.

People received care that responded to their individual needs. Staff reviewed care plans regularly and when needed to reflect people's needs and the support they required. Staff had detailed guidance on how to support each person with their health and social needs. For example, staff engaged a person in recreational and therapeutic activities when they started to show signs of behaviours that challenge. Staff discussed their observations with the manager and health and social care professionals to ascertain whether people required more support and to update their care and support plans. Staff discussed at handovers information about a person's changing needs such as a decline in mental health and the additional support they required. Records showed health and social care professionals were involved in a timely manner for example, when a person displayed behaviours that challenged. Staff followed the guidance provided by the community mental health team which ensured that the person received care responsive to their needs. Staff prepared monthly progress reports on people's health and independence. They worked closely with health and social care professionals if a person did not show an expected progress with their health and social skills. Intervention strategies included staff encouraging people not to have excessive sleep and motivating them to come out of their bedrooms and to take part in activities in the community.

People enjoyed taking part at activities provided at the service and in the community. One person told us, "I watch television, play video games and enjoying listening to music." Another person's care record stated they liked, "bible study, play-station and going to church." Staff had information about what people enjoyed doing and how they wished to spend their days. For example, people attended men's group for discussions about their sexual health and 'chit-chat coffee' mornings. People's care records indicated their preferences, likes and dislikes and the support they required to undertake activities of their choosing. For example, staff supported a person to apply for courses and to attend college and classes. Staff maintained records of the progress people made towards attaining their individual goals and developing of daily living skills. People at the service accessed the community independently such as going to the gym, visiting friends and family, shopping, trips to the cinema, local parks or other places of interest.

People maintained their beliefs and cultural values. People's records indicated their religious preference and whether they wished to attend services. The manager told us and records confirmed people attended

local church services and were supported to pray at the service if they wished. Menus were inclusive and showed that staff provided foods that met people's cultural needs.

People's voices were heard and listened to at the service. One person told us, "We all meet and talk about the service. Staff do listen to what we have to say." One relative told us, "We speak with the manager and staff if there is any change we would like to see." People and their relatives commented that the manager was responsive to their views. People and records confirmed they attended regular meetings chaired by the manager where they discussed staff support, menus and activities available at the service. The manager acted on the issues raised at the meetings for example, by purchasing a pool table for indoor activities. The basement floor was renovated and converted to a theatre to enable people to watch movies and for bowling.

People knew how to make a complaint or to raise any concerns about the service. One person told us, "I would speak with my care coordinator." Another person said, "I can talk to the staff or the manager if I am not happy about anything." People were confident their concerns would be resolved. The provider had an appropriate complaints procedure in place. The manager told us they would acknowledge receipt of a complaint, record it and investigate the issue within the provider's timescales. People using the service and their relatives had received the complaints procedure. The complaints policy was displayed at a noticeboard at the service and was available to people and visitors. There had not been any formal complaints from people using the service and their relatives since our last inspection.

Is the service well-led?

Our findings

At our inspection of 28 February 2017 and 6 March 2017, we found that the registered manager did not submit statutory notifications about important events to the Care Quality Commission (CQC) as required by law. At this inspection, the registered manager and provider adhered to the requirements of their registration with the CQC and had notified us of all significant events and informed other agencies about incidents involving people using the service. The notifications sent to CQC corresponded to every notifiable incident recorded in the accident book and people's daily observation records.

Since our last inspection, the provider had strengthened the management of the service and had appointed a manager who was in charge of the day-to-day operations. The manager was proactive and showed a good understanding of the CQC regulations, people's mental health needs and the support they required. We were confident about the leadership of the manager and the changes she had implemented to ensure the safety and well-being of people using the service.

At our previous inspection of 28 February 2017 and 6 March 2017, we found the registered manager did not act on feedback provided by fire safety specialists, which had put people's health and well-being at risk. At this inspection, the registered provider and registered manager had acted on the recommendations and made improvements when necessary to make the service safe. Staff maintained a detailed log of date of damage, repairs required, location and action taken to keep people safe while awaiting repairs. The manager reviewed the maintenance and repairs book daily and acted on the issues raised. For example, the manager had arranged that a glazing company repair a smashed window at the service and had a date booked for the repairs. After our inspection, the manager sent evidence to show the replacement of the damaged window. Since the last inspection, the provider had engaged two external consulting firms to oversee the fire safety awareness and compliance with the CQC regulations. Records showed the manager was responsive to recommendations made to improve the quality of the service.

People benefitted from a positive and open culture at the service. One person told us, "The manager is easy to talk to. She takes everything you say seriously." Staff told us they were able to question the practice at the service and to raise any concerns about people's welfare. One member of staff told us, "I am confident that the manager puts people first. I would not hesitate to raise any issues with her." People using the service and staff described the manager as approachable, friendly and supportive. Health and social care professionals commented positively about the management of the service and that the staff were proactive in raising concerns about people's well-being and accidents at the service. We observed people were relaxed when they spoke with the manager and spent time in her office chatting and talking about their well-being.

People were supported by staff who understood their roles and responsibilities. The manager maintained a schedule to ensure staff received regular supervision and catch up sessions to discuss their performance and training needs. Supervision records showed the manager highlighted staff roles and ensured they delivered people's care as planned. Staff understood their role to provide person centred care that was responsive to each person individual needs.

People received a good standard of care and support at the service. The manager held meetings with staff and provided them with the opportunity to share ideas to improve the service. Staff told us they worked well as a team and that the manager encouraged teamwork. The manager ensured each member of staff carried out their tasks such as key working responsibilities, care plan reviews and that there was consistency in the provision of care to people. The provider supported staff to receive specialist training on mental health to enable them to provide high standards of care when supporting people. Staff were kept informed about changes to the service, people's health and support needs through regular handover sessions at start of each shift, staff meetings, care planning reviews and key worker sessions and a communications book. The manager was visible at the service and had conversations with people and staff. People and staff told us the manager had an open door policy, which encouraged them to see her anytime without appointment when they needed to do so.

People received support from staff who understood and shared the provider's values. Health and social care professionals commented staff provided person centred care that was focussed on the needs of each individual. Staff told us and records confirmed they were trained about the values at induction and discussed this in their one to one supervisions. Care records showed care delivered to people reflected the provider's values and that people made progress in developing skills for independent living.

People received care subjected to regular checks and audits. The provider had quality assurance systems in place to monitor the quality of the service. The manager carried out regular audits on care plans and reviews, record keeping, risk assessments, health and safety, staff training and supervisions. The checks were effective in that the manager identified and addressed any shortfalls to improve people's care. The fire panel was upgraded after recommendations by the fire brigade team in July 2017. The August 2017 health and safety audit showed that fire safety and fire doors checks were in good working order. The provider had a maintenance audit and action plan that showed issues identified and the timescales to implement any changes required.

The provider actively sought the views of people using the service and their relatives, health and social care professionals and staff about the care provided. Stakeholder questionnaires were sent out and issued to visitors to enable the provider to receive feedback about people's care. The manager reviewed the feedback received and presented a report to people using the service, their relatives and staff. Feedback from the residents' July 2017 survey showed positive comments about the quality of care provided, the meals offered, people's involvement in their care and staff conduct towards people. Residents' minutes of August 2017 showed the manager had discussed a summer barbecue, fire safety awareness and an upcoming inspection visit by the local authority commissioning team. People were happy with their involvement in the running of the home and the notes showed that the manager valued their suggestions to improve the service.

People received care in line with best practice. The provider and staff kept up to date on developments in the care sector and attended specialist training about people's specific health conditions. Staff gave feedback to the team about any training attended and shared ideas on how to apply their knowledge to improve care provision at the service. Policies and procedures were reviewed regularly and available to staff for guidance.

People's care was coordinated because of the close working relationships the provider had established with a range of external agencies. Staff received input into people's care plans from health and social care professionals and other agencies such as the Ministry of Justice and Department of Health. The collaboration ensured people were supported towards independent living and that any changes to their mental health needs were identified and treated in a timely manner. The manager worked closely with the local authority commissioning team to review people's care and to ensure that service standards were good.

Feedback from health and social care professionals were positive about the standards of care provided at the service.