

MyPath Limited

# The Progress Project

## 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

### About the service

The Progress Project is a residential care home providing personal care to 17 people with a range of mental health needs at the time of the inspection. The home can support up to 18 people.

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

People told us they felt safe living at the home. They were protected from the risk of abuse and harm by staff who had been trained appropriately and knew what action to take if they had any concerns. Risks to people had been identified and assessed, with guidance for staff on how to support people, which was followed. Staffing levels were sufficient to meet people's needs and people had support from staff when they needed it. New staff were recruited safely. Medicines were well managed. The home was clean and smelled fresh. People were encouraged to undertake housekeeping tasks which promoted their independence.

Before people came to live at the home, their needs were assessed, to ensure the home could provide the level of care and support they required. People were consulted when referrals were made. People's care and support needs were continually reviewed and assessed, with a view to rehabilitation back into the community. People received care from suitably trained staff and were encouraged in decisions relating to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink in a healthy way and many were independent in food shopping and in the preparation of their meals. When people became unwell or needed support from a healthcare professionals, they were supported with appointments.

Staff were warm, kind and caring with people. People's diverse needs were identified and catered for, so that care was delivered in a personalised way that met people's preferences and encouraged their independence. People were treated with dignity and respect.

Care plans were detailed and reviewed with people. People had identified goals which helped in their rehabilitation journey. People were independent when accessing the community. They were encouraged to participate in physical exercise, educational opportunities and social interests in line with their preferences. Some people had voluntary or paid employment. People's communication needs had been identified, so that staff communicated with them in a way that suited them. Complaints were managed in line with the provider's policy.

People were happy living at the home and with the service they received. They and their relatives spoke positively about the home, and of the managers and staff. Feedback was obtained in a variety of ways, through surveys and at residents' meetings. Professionals who had involvement with the service spoke

highly of the home. The service worked in partnership with others to benefit people's care. A robust system of audits monitored and measured the service and were effective in driving improvement.

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

#### Rating at last inspection

The rating at this service was good (published 1 August 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Progress Project

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Progress Project 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and one relative to obtain their feedback. We also spoke with the registered manager, the deputy manager, the provider's compliance manager and a senior support

worker. We observed the care and support provided to people and their interactions with staff. We reviewed a range of records. This included five care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and told us they felt safe.
- A relative felt the service provided a safe environment for people. They added their family member could go missing from the service and the actions that would be taken by staff to trace them. The person was encouraged to be independent and to go out, but could occasionally become lost. The person had a mobile phone, so staff could stay in touch with them.
- People's care plans included guidance for staff on what to do if a person went missing for a prescribed length of time. People had mobile phones and were encouraged to make contact with staff at the home if they were in any kind of difficulty or wanted support while they were out.
- Where people were at risk of financial abuse, this risk had been assessed, with guidance for staff on how this should be managed. One person's finances were managed by the local safeguarding authority, as they had no relatives or appointees to have oversight of their money.
- People agreed to a set of house rules which were discussed with them before they came to live at the service. For example, there were rules in relation to substance misuse and offensive behaviour.
- Staff completed safeguarding training and one staff member described the actions taken for one person who lived at the service, where there was an allegation of abuse.

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed appropriately. Care plans contained detailed information and guidance for staff which was followed.
- Care plans included risk management evaluations and an action plan. For example, a code of 'green' meant a person was managing their life well, one of 'amber' flagged up changes and warning signs for staff, whilst 'red' described indicators that might result in a person's behaviour spiralling out of control, where urgent action by staff would be required.
- Alongside risk management plans, there were 'staying well' care plans. These described ways a person might stay mentally and physically well. For one person, this could be achieved through exercise, listening to music and ongoing support from staff.
- The premises were managed safely. Fire tests took place regularly and at a recent residents' meeting people were reminded of fire regulations and where the fire assembly points were. People demonstrated an understanding of what to do in the event of a fire alarm. Each person had a personal emergency evacuation plan which included the support they required to evacuate the building safely.

Staffing and recruitment

- There were sufficient staff to meet people's needs.

- Staffing rotas confirmed the number and names of staff who were on duty. Staff felt there were enough staff and that they had time to spend with people.
- We observed people were supported by staff throughout the time of inspection. People had access to the ground floor office to talk with staff and this occurred regularly throughout the day. Staff checked with people that they were okay and asked if they wanted to talk about anything that might be worrying them.
- New staff were recruited safely. Staff files showed all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

#### Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Some people had been assessed as being safe to store and administer their own medicines. Where this happened, their medicines were kept securely in their bedrooms. Staff would give these people a week's supply of medicines. Checks were made to ensure people took their medicines as prescribed.
- Guidance for staff on the side effects of some medicines was shared. For example, smoking can cause an antipsychotic medicine to be broken down more quickly, so a higher dose may be required.
- One staff member was the medication champion. They explained how they supported new staff in the administration of medicines and completed competency checks for others; they had received training on this. All staff completed medicines training.
- Medication administration records were completed accurately. Protocols for administering 'as required' medicines were recorded in people's health and medication folders.
- A monthly audit corroborated that medicines were ordered, stored, administered and disposed of safely.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection by staff who had received appropriate training.
- Some parts of the service had been refurbished and redecorated recently to a high standard. The home was clean. People were encouraged to help with housework and to clean and tidy their rooms, as part of promoting their independence.
- Monthly infection control audits were completed, so any issues could be identified and remedial actions taken.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- A staff member provided an example of how one person had felt uncomfortable and to be a nuisance. This was because they had to knock on the office door, to speak with staff, which was kept shut. As a result, it was agreed with the person that the office door would only be shut when confidential issues were being discussed or people were having private conversations with staff. At all other times, the office door would be left open. This resulted in the person feeling more confident about speaking with staff when they needed to.
- We were told of an incident when a person snatched a knife off a person who was chopping vegetables. Sharp implements, such as chopping knives, were kept locked in the kitchen. As a result of the incident, people only had access to potentially dangerous items such as knives and scissors when staff were with them. People were encouraged in the preparation of their meals.



# Is the service effective?

## Our findings

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

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

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

- People's care and support needs were assessed before they came to live at the service.
- The registered manager said that they encouraged people to come and look around before they came to live at The Progress Project. The manager added, "Where we go to where they live and want to accept them, we ask them to come and look at the service, because they may not like it".
- Before people were admitted to the service, they needed to be assessed as being safe in the community. The registered manager explained that trusting people was an important part of transitioning into the service. For example, two people were given £10 each and asked to obtain passport size photos of themselves for use in their care records. They were told to provide a receipt and change from the £10 once the photos had been purchased. One person returned and said they had lost the change, the other said the photo had cost £10, so there was no change. The registered manager said, "Trust is earned and is all part of people being independent in the community".
- Some people had conditions placed on them from their previous placements as part of their admission to the service. These were legally binding. The registered manager said that people were aware of the conditions and that any failure to meet these would be reported back to the appropriate authority.
- A welcome pack was given to people when they moved in. This pack provided information on a variety of subjects such as house rules, self-catering guidelines, access to advocacy, crisis support and contact numbers for Sussex Mental Healthline and Samaritans.
- People's care and support needs were continually assessed and monitored.

Staff support: induction, training, skills and experience

- Staff completed a range of training the provider considered relevant to their role and specific to people's needs.
- In addition to on-line training, staff had access to the local authority's training gateway. One staff member told us they had recently completed training in mental health and another for autism organised by the local authority.
- All staff completed training that was mandatory in areas such as fire safety, first aid, food hygiene and health and safety. Other training related to challenging behaviour, cognitive behavioural therapy and equality and diversity.
- One staff member said they found the training informative and useful; they added they were encouraged to study for vocational qualifications in health and social care.
- Staff received supervision at least every two months. Records confirmed this and showed that staff discussed any concerns, whether they felt supported in their role and reflective practice.

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

- People were supported to eat and drink enough to meet their needs.
- People were encouraged to self-cater and given a weekly budget to buy their own food. Four people needed staff to cook their meals for them as they needed a higher level of support. When their mental health improved, they would be supported by staff to move towards cooking for themselves.
- Apart from food which people purchased for their own use, they had access to a communal stock of food, such as bread, eggs and tinned foods. Fresh fruit was available for people to help themselves.
- One person had decided they wanted to lose weight, so staff were supporting them to cook healthy meals. The person had identified a target weight they wanted to reach and their diet was working well.
- A staff member said, "We risk assess people and we usually do a daily record intake sheet, to observe what people are eating. One person has done really well. When they came to live here they were underweight, now they are cooking for themselves. They choose the food they want and [named registered manager] gets the food in for them. We talked to the GP and to a dietician about the person and they are weighed weekly".
- Sometimes staff organised a Sunday roast and people enjoyed eating together.

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

- People had access to a range of healthcare professionals and services.
- One person told us they were supported by staff to attend substance misuse appointments. They added that they could choose if they wanted to be screened for drugs and this helped them to stay away from illicit substances. Another person said they were seeing their optician the next day for some new glasses.
- Each person had a medication and health folder. This listed their prescribed medicines, what these were used for and any possible side-effects. Healthcare appointments were recorded.
- Most people were independent in accessing the routine healthcare support they needed. For example, people were provided with information about emergency dental services and supported with their oral health care. If people needed staff support to attend the dentist, or any healthcare appointments, this was provided.
- The service worked closely with professionals such as GPs, psychiatrists and community nurses.
- People were referred to the service via statutory agencies. Their progress towards rehabilitating into the community was continually monitored. The service supported people towards this goal.

Adapting service, design, decoration to meet people's needs

- The service provided a homely environment for people. The majority of rooms were en-suite. Where rooms did not have en-suite facilities, people had their own bathroom or shower room close by.
- There was a quiet lounge, a room with a pool table and gardens for people to use. People who smoked went out into the garden. People enjoyed organising BBQs in the garden when the weather permitted.
- We were invited into people's rooms. These were furnished according to people's preferences and people told us they were happy with their rooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was gained lawfully.
- Everyone was free to come and go as they pleased. In practice, this meant that people would let staff know where they were going and when they intended to return home.
- Some people were under community treatment orders and subject to conditions under the Mental Health Act 1983. For example, one person had conditions related to where they resided and were under the direction of a responsible clinician and social supervisor.
- People's capacity was assessed in relation to specific decisions. For example, one person was capable of managing their own finances, so their benefits were paid into their bank account. Another person was judged not to have similar capacity with their finances, so their money was managed on their behalf by the Court of Protection. The Court of Protection is a court that deals with decisions or actions taken under the MCA.
- People had access to advocates if they needed independent support to help them make decisions.
- Staff completed training on MCA/DoLS and demonstrated a clear understanding of this legislation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well and who encouraged their independence.
- One person told us that a therapeutic relationship had developed between them and staff, so they were able and empowered to talk about any concerns, issues, worries or temptations they might have.
- People came from a variety of backgrounds and had diverse needs. One person preferred to talk about any issues with female staff and their preferences were respected.
- Another person with a severe hearing impairment could lip read. Staff knew to face the person when talking with them. Because this person would not hear staff knocking on their bedroom door, a bell was used which rang and set off flashing lights to alert the person. If the fire alarm went off at night, the person had a vibrating pillow which warned them of the need to leave their bed and exit the building.
- We observed that staff were kind, friendly and patient with people and had a genuine empathy with them. Positive relationships had been developed between people and staff.

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

- People were encouraged and supported to be involved in all aspects of their care.
- People met regularly with their keyworker to discuss any issues or concerns they might have.
- People confirmed they were fully involved and consulted about their care.
- A staff member said, "We give people choice, support and advice and all the information they need. Keyworker meetings happen weekly and we do find that a lot of people will just happily come and talk with us, so we can get to know them better and their mental health needs. We just know when something is not quite right".
- The deputy manager explained that people cared for and about each other. They said one person would always alert staff if they noticed someone did not appear to be themselves, although usually staff would already have picked up on this.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People were comfortable to ask staff if they needed to talk about anything and staff were more than happy to accede to people's requests; staff were always available.
- A staff member said, "We try and support people with advice, support and education. If they want to do voluntary work, college courses, recovery programmes. A local community centre puts on yoga, art, music and dancing which people can try. People can join a gym if they want to. We support people to help them

be as independent as they can be".

- People were given the privacy they needed and space in which to relax.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care from staff who understood their needs and preferences.
- Many people were under community treatment orders, where conditions of discharge applied. The registered manager said, "We don't allow drugs or alcohol on the premises and we have room checks for safety about once a month. The end product will be rehabilitation to discharge. We always introduce any new person to residents, in case there is a past history or people have an objection. Most people stay here between six months to two years, but others can take longer".
- A relative said, "I was so pleased when he came here. I think he's lucky to be here and I thank whoever for that. They've taken on his room now because he would keep putting wet washing in his wardrobe. [Named staff member] took it all out and got it rewashed and helped him put it away again. They try and keep his clothes and his room nice".
- People's independence was encouraged according to their capabilities. For example, one person was keen to help at the service and helped staff to empty the bins.
- Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported.
- When keyworkers reviewed people's care with them, or to have a chat about any issues, this could be at the service or in the community. The keyworker checked the person's care records and updated any information when needed.
- People had goals they wanted to achieve to progress their rehabilitation and independence. For example one person was working on their CV as they wanted to work in the future. People had access to support outside of the service, with counselling support or access to group therapy to help with addiction.

Meeting people's communication needs

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

- People's communication needs were met.
- One person did not have English as their first language. When they came to live at the service, an interpreter helped them to communicate. Now their English had improved, so they could communicate with staff and vice versa. Their cultural needs were met with regard to having meat butchered in a certain way.
- Another person who was profoundly deaf attended Action for Deafness meetings so they could communicate with people outside the service who had a similar disability.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities in the community, according to their interests and what they would like to do.
- A relative said, "I think they go the extra mile for all of them and [named person] has made some nice friends here".
- One person was paid for part-time work at a local mental health charity; another person helped out at Worthing market. A third person was having driving lessons. Some people chose to engage in voluntary work in the community.
- There were educational opportunities if people chose to access these. One person told us that when they were well enough, they hoped to study for their GCSEs. Another person had joined a course relating to psychology and turning to crime which they enjoyed and learned from.
- Each person had an 'interest checklist'. This recorded what they were interested in and included education, exercise and social activities. Once people had decided which hobby or interest they wanted to pursue, staff assisted them to access these.
- Relatives and friends were made welcome when visiting people. One person was supported by staff to stay in touch with their sister who lived in Canada.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- Complaints were acknowledged within five working days, with an outcome after a further 15 working days.
- People could ask a friend or relative if they needed help to make a complaint. One relative told us they had never had to complain and added, "I would go to one of the managers first and they would sort it".
- The complaints log showed complaints from people in relation to one person whose behaviour could be disruptive to others. The complaints were resolved satisfactorily and the person who had caused the problems had been referred to another residential setting which was more appropriate for them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received personalised care from staff who encouraged their independence. People worked towards being rehabilitated back into the community and staff empowered them with this. For example, people had access to educational courses about mental health and recovery which were designed to increase knowledge, skills and to promote self-management. This included drug and alcohol services and smoking cessation clinics.
- People told us they felt positive about their futures and of the encouragement they received from staff to succeed.
- The provider's compliance manager explained their responsibilities under duty of candour. They said, "It's being open and transparent. We put together practice review meetings at every service every eight weeks and discuss something that has gone wrong. We look at the root cause, prevention measures and think about how we would avoid similar incidents happening in the future. We use them to our advantage".

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

- The registered manager had a good understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- The rating awarded at the last inspection was on display at the service.
- The provider's statement of purpose recorded that the service provided support for people in need of 24 hour support to regain coping and independent living skills. The principle of care was based on choice, empowerment and the promotion of independence by the provision of a recovery focused, community wellbeing service. It was clear that people were supported in line with the objectives of this statement of purpose.

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

- People were fully involved in developing all aspects of the service. Relatives' feedback was obtained. One relative said, "It's absolutely amazing, what can I say? Staff are so good with him and they love him to bits. The rooms are a good set-up because they have their own shower and loo".
- Residents' meetings were recorded and one held in January 2020 showed that 10 people attended, with apologies from others. Fire safety, house cleaning and smoking were discussed. People talked about the



food on offer and helped to plan menus. A staff member said people were asked about the types of cereal and cheese they wanted; "They have a nice choice".

- People spent a lot of time out and about and engaged in community activities, including access to education and voluntary opportunities. People's diverse needs were catered for. For example, one person needed a high level of support from staff to encourage their communication and independence skills. They were supported by staff to attend a friendship group for adults with learning disabilities, which they enjoyed.
- Staff were enthusiastic about the service and worked hard to improve people's lives and wellbeing. One staff member explained, "I absolutely love it to be honest. It's a lovely home, really friendly and I get great support from [named registered manager and deputy manager]".
- Staff meetings were held every two months. Items discussed recently included people's finances, safeguarding, contingency planning, staff rotas, people's needs and a new referral to the service.

#### Continuous learning and improving care

- A system of audits measured and monitored the quality of care and the service overall. Any areas in need of improvement were recorded and actions taken.
- The provider's audit of the service in December 2019 included the environment, incident and accident analysis, safeguarding, complaints management and staff supervision. Separate audits had been completed for hand hygiene and health and safety.
- People's views were obtained and all rated various aspects of the service as, 'very good' or 'good'.
- A feedback survey completed in July 2019 showed that relatives and friends of people at the service were happy about the service and comments were positive. One relative said they were not informed about what was happening with their family member. Since the person [family member] had specifically asked staff not to share any information about them with others, this request was upheld.
- One relative had written, 'The team have been incredibly supportive of my son. I cannot speak highly enough about their patience, professionalism, skills and overall care. I do not know what we would have done without them. A brilliant institution'. Another relative spoke about staff staying with their son when he had an operation and keeping them posted of progress. They stated, 'In short, I could not be more grateful to everyone there for everything they have done. It's been life-changing for us all'.
- Feedback was obtained from five professionals who had involvement with the service. One professional stated, 'Staff welcoming and atmosphere of home happy and relaxed'. Another had written, 'Just wanted to say a really big thank you for all the support you have offered us. I look forward to working with you again'.
- The compliance manager said, "I'm here to drive the improvement and monitor the compliance. The staff and service users are happy and they're getting good outcomes. It's about creating positive outcomes for people".

#### Working in partnership with others

- Effective working partnerships had been developed.
- The registered manager attended meetings funded by Skills for Care organised for managers of services supporting people with mental health issues. People spoke at these meetings to share their experiences. The registered manager explained the meetings were useful for sharing experiences, common problems and networking.
- The service worked closely with health and social care professionals, when people were referred to the service and ongoing.