Advance Housing and Support Ltd

Advance Fareham

Inspection report

Lake Side, Ground Floor
Building 1000 Western Road
Portsmouth
PO6 3EZ

Tel: 01489668197

Date of inspection visit:
23 April 2018

Date of publication:
09 July 2018

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

Advance Fareham is registered to provide personal care to people. At the time of our inspection, the service was supporting six people. It provides a service to older people and younger adults living with learning disabilities, autism, mental health conditions and dementia.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's housing was provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support only.

Some people lived in two houses of multiple occupation. This meant at least three people shared household facilities such as toilets, bathrooms and kitchens. Other people lived in a block of seven self-contained flats with their own household facilities. The houses and flats were situated close to each other geographically, in the same city.

There was a registered manager in post. 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.

Not everyone using Advance Fareham received regulated activity; the Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people received these services, their wider social needs were taken into account.

People were supported with their medication. The service was not recording the room temperatures of where medicines were being stored. Where the service was supporting people with self-administration and storing their medicines for them; the records did not always show the boxed medication had been given to the person. The registered manager had extra training organised to further improve how the service assists individuals with taking their medicines. Medication and health and safety audits were completed.

People were safeguarded from abuse in the service. The registered manager and staff understood their responsibilities in protecting people from abuse and raising concerns. Staff had received training in safeguarding.

Incidents and accidents were recorded and lessons identified where possible.

Staff were recruited safely, following the appropriate checks. Staff received effective training and support to carry out their duties.

Care plans included person-centred information about risks and how to mitigate them safely. People were

referred to other healthcare professionals as needed, in a timely fashion. The service worked in partnership with other professionals and agencies.

The registered person was notifying the Commission without delay of certain types of incidents for example abuse or allegations of abuse.

People were treated equally and in accordance with the Equalities Act 2010.

The service was not supporting people at the end of their lives at the time of the inspection. The service had discussed some people's wishes for the end of their lives and planned to further explore end of life choices with people.

People were supported in accordance with the Mental Capacity Act 2005 (MCA) and staff always sought consent from people before supporting them.

The service incorporated best practice guidance into their care and support. People told us that staff were kind and caring towards them. People were treated with dignity and respect.

The service was well-led, people and staff felt well supported by the registered manager. Staff understood their responsibilities and were proud of achievements they had made in their work.

People knew how to raise a complaint and received feedback from the service about the investigation of their complaint.

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.

Staff knew how to raise concerns about abuse.

Appropriate risk assessments were carried out to support people to be safe.

There was sufficient numbers of staff.

Room temperatures of where medicines were kept were not recorded. When the service was storing medication for people who were self-administering, it was not always recorded when they were given their medicines.

Is the service effective?

Good

The service was Effective.

The service was supporting people with regard to best practice guidance.

People were supported to access healthcare services as needed.

Staff were well trained and supported.

Is the service caring?

Good

The service was Caring.

People were treated with respect and given support as needed.

People were supported to make decisions about their care.

People's dignity and respect was maintained.

Is the service responsive?

Good

The service was Responsive.

People were at the centre of their care and their needs were met.

People knew how to make a complaint and were given feedback in response to their concerns.

Is the service well-led?

Good

The service was Well-led.

There were processes in place to provide good outcomes for people.

The service learnt lessons and improved the service as a result.

There was a supportive and transparent culture in the service.

Advance Fareham

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 took place on 23 April 2018 and was announced, two inspectors carried out the inspection. We gave the service 48 hours' notice of the inspection to ensure the staff we needed to speak to were available.

Advance Fareham is registered to provide personal care to people. At the time of the inspection the service was supporting six people in supported living services. The service was supporting eleven other people with activities that are not regulated by the Care Quality Commission.

The inspection included: talking to people that use the service, speaking to the manager, interviewing staff, and observation in the services. We visited the office location on 23 April to see the manager and to review care records and policies and procedures. Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke to four people supported by the service at three different homes and four members of staff. We looked at four people's care plans. We reviewed correspondence about the service from two people at the local authority, a Contract Management Lead and Commissioning Manager.

Good

Is the service safe?

Our findings

People told us they were safely cared for. One person said, "Staff are reliable and we trust them". Another said, "I do feel safe here".
The service was supporting people to take their medication; we looked at four people's medication records. Medication procedures were in place; these described how people were to be supported with their medicines. We saw certificates for safe administration of medicines training and there was a medication policy in place.

People being supported to take their medication had a medication care plan. These included information about allergies and prescribed medicines. Details included the strength, dose, form, frequency and route of medication and how the person wanted to be supported with this medicine. PRN protocols were in place for 'as required' medicines, these contained all the information required to support staff to administer medicines safely and appropriately. One person told us, "I take my medication with staff, they are very good". Where the service was responsible for ordering medicines this was done in a timely way. People and staff took prescriptions into the pharmacy on a monthly basis.

We saw examples of audit checks of medicines, audits were completed monthly as part of a quality audit and the registered manager and deputy manager also completed a medicines audit weekly to promote best practice. When a discrepancy was found this had been followed up. Boots Pharmacy also carried out medication audits for the service periodically and made recommendations if necessary. Medicines were kept securely in locked cabinets.

Medication errors were recorded as incidents and actions to prevent a reoccurrence were identified on the incident form. Actions taken in response to medicines errors included; competency assessments of staff and supervision. Medication errors had also been raised at the team meeting. One medication error was identified during the inspection. The deputy manager said they would speak to staff, inform the manager and complete an incident form. Medicines were accounted for with medication administration records having been completed.

The registered manager said that errors were usually due to "staff being complacent". The deputy manager said that learning from medicine errors was important "You need full concentration and make sure there are no distractions". Where the service was supporting people with self-administration and storing their medicines for them; the records did not always show the boxed medication had been given to the person. The registered manager was in the process of arranging an additional medication training workshop for staff alongside their mandatory training.

During the inspection it was identified that the service was not recording the room temperatures of where medicines were being stored. There were medicines that stated they should not be stored at over 25 degrees. The medication procedure stated that 'temperatures must be checked and followed'. The registered manager said they would purchase thermometers and start recording the storage temperatures following the inspection. This was reflected in the continuous improvement plan of the service. The service

worked with healthcare professionals to reduce the amount of prescribed medicines a person was using and the service supported people to manage their own medicines where they were able to.

Staff were aware of their responsibilities to report any concerns about abuse. Staff told us they were confident to raise concerns with the registered manager and that any concerns would be acted on. Staff knew about the different types of abuse and understood the signs that could indicate that someone was suffering abuse. One member of staff said that they would report it to the Manager who would report it to social services and that they would also "Contact the police if necessary". People were given a welcome pack upon joining the service. Information was included on 'staying safe', this explained safeguarding and who people could talk to about abuse and neglect.

The Deputy Manager told us they had completed additional safeguarding training at management level "So we know what to do as a manager like the timeframes and what is expected of you". Information received in the PIR confirmed that the senior managers received training on safeguarding referrals and how to carry out internal investigations, working with the local authority. The provider also had a Safeguarding Committee that ensured safeguarding concerns were thoroughly investigated and any learning was communicated across the organisation. A staff member told us that when they had raised concerns about a person they had been supported by the registered manager who had acted promptly to safeguard the person.

Care plans included information about people's risks that could increase people's vulnerability to abuse such as: managing finances, relationships and substance use. Care plans and risk assessments detailed how people should be supported to maintain their safety. When the service provided support with people's finances these were recorded, receipted, countersigned and checked daily by staff and weekly by the manager and deputy manager. This ensured people's money was accounted for and monitored. People were aware of their care plans, one person told us, "I have got a person centred plan upstairs and a finance one and staff write daily notes". The registered manager reported that risk assessments were completed prior to an individual being supported by the service unless the care needed to start urgently.

Incidents and accidents were recorded and followed up to prevent a reoccurrence. For example, an incident of challenging behaviour towards staff led to a review of the risk assessment, appropriate referrals were made and a multidisciplinary approach was taken. This resulted in a positive outcome for the person. Improvements were clearly made in response to individual incidents and lessons were learned and used to drive service improvement. For example, to improve communication with outside agencies about essential medical information for people using the service, a 'Residents quick reference sheet' was developed.

The service had 'Hospital Passports' in place. These had been made more accessible to staff that may need to access them following an incident where one was difficult to find. These documents provided useful information for Hospital staff should the person be admitted, this aims to improve communication and continuity of care for people. The registered manager thought learning as an organisation could be further improved by the registered manager forum where common themes could be discussed and learning implemented. They told us "The company has a registered manager forum we share best practice and we are all open to learning and improving". Some learning identified during the inspection was incorporated into the service's continuous improvement plan.

We looked at the recruitment files for two members of staff. Safe recruitment practices were followed before new staff were employed to work with people. Relevant checks were made to ensure staff were of good character and suitable for their role for example, interview attendance, character references, photographic identification, employment history and a Disclosure Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care

and support services.

Staff and people said there was enough staff to meet people's needs. The deputy manager said "We are a small team but we know what needs people have and we can prioritise our customers – people like doing things together in groups as well". The registered manager told us that unplanned staff absence was covered by other permanent staff. "We utilise other staff, we can join up for activities or we can prioritise, no one ever misses out as such." One member of staff told us that the planning of the rota was "spot on". We did not receive any concerns about staffing levels.

Staff had completed training in infection control, staff confirmed that personal protective equipment was available if required and described hand washing and safe food preparation. The organisation had an infection control policy in place.

Some people using the service used 'Oysta' technology that helped them to summon help in an emergency. The device connects to an operator for assistance and will go through to the ambulance service as necessary. Where appropriate, they also have a GPS tracking function that can help staff to find people if they are concerned about their whereabouts.

Health and safety audits and medicines audits were completed on a monthly basis. Fire safety was checked weekly. Medicines paperwork was also checked weekly but not documented. In response to the inspection, the registered manager told us that the weekly medicines check was recorded. We explored the issue of fire safety with the registered manager who confirmed people did not require any specific support in relation to the need to evacuate in the event of a fire due to their high level of independence. People were involved in practice fire evacuations to check they could leave the property safely. Staff supported people to raise concerns with their landlord about any issues with the accommodation they were living in, such as broken furniture.

Good

Is the service effective?

Our findings

People told us that staff were "well trained" and said, "They're very good". Staff also told us they thought the service was "really good" and said, "we can all rely on each other".

The provider had a Diversity and Equality Policy in place. This outlined the provider's commitment that people would be treated equally and without discrimination in relation to the protected characteristics under the Equalities Act 2010, for example: age, disability, gender, marital status, race, religion and sexual orientation. Staff showed an awareness of how to support people with their diverse needs including people who were LGBT. A staff member said "It's about acceptance and support, listening and helping in any way I can". We saw examples of how people's diverse needs were being met. For example, the service supported one individual to access a dating agency. Another person was supported to learn about sexual relationships.

The registered manager was not aware of the Accessible Information Standard but there were easy read resources available in the service, for example the welcome pack included information in easy read and pictures to meet people's preferred communication needs. We did not see anything to suggest that people's communication needs were not being met.

We looked at two staff supervision and appraisal records. We looked at the training matrix for all staff. Staff completed an induction into their role that included the provider's required training, safety information, company values and systems. At the time of inspection the registered manager told us that staff were suitably trained and experienced that they did not need to complete the Care Certificate but that it was available for new staff to complete should this be required. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised.

Staff received regular one to one supervision with a line manager and an annual appraisal in their role. A staff member told us "The supervision is really good". Records showed staff were supported to understand their role and responsibilities and to identify and meet their learning and development needs. Staff had a list of their responsibilities and the registered manager checked tasks had been done on a monthly basis, she said, "We'll discuss them in one to ones as well".

The registered manager and deputy manager spent time at the services and observed staff in practice. The registered manager told us that these observations were not currently being recorded but that a more formal observation tool was being developed to use in the services. The registered manager said, "The best thing is going around talking to the customers about staff". The deputy manager said, "I do hands on every day; I will sit in the lounge on an informal basis and ask if there are any issues with staff. I'm always listening to what's going on". We saw an example of how staff were being supported to improve practice when there had been concerns.

Best practice guidance was discussed at team meetings. For example, the health charter for learning disability providers that included STOMP (stopping over medication of people with a learning disability,

autism or both with psychotropic medicines). STOMP involves encouraging people to have regular medical reviews of their medications and helping people to stay well. Advance was committed to supporting this initiative and ensuring people had medical reviews when appropriate in a timely manner. Policies were developed in reference to best practice for example, the end of life and palliative care policy stated that end of life care will be provided in line with the National Institute for Health and Care Excellence (NICE) guidelines. Best practice was also discussed in annual performance reviews.

Staff completed training in, Fire safety, safeguarding, Deprivation of Liberty Safeguards (DoLS), health and safety, manual handling (practical and theory), Mental Capacity Act (MCA) 2005, Control Of Substances Hazardous to Health (COSHH), infection control, food hygiene, equality and diversity, epilepsy, first aid and fire marshall. Staff also received an annual medication training and competency check. Training records confirmed staff training was up to date and in line with the provider's training renewal programme. Staff had access to other training such as autism awareness, extremism, terrorism and radicalisation, IT skills and qualifications in health and social care.

A staff member told us how they had completed training in how to "Protect ourselves and our customers." They told us how a member of the learning disabilities team had supported a person and staff to understand the person's behaviours that may challenge others and that this had led to an improvement which the person confirmed. Staff understood the triggers to this behaviour and how they could intervene to support the person to calm. The person had been prescribed medication to reduce their anxieties but this had not been needed.

Staff had completed training in the MCA and DoLS. One member of staff said, "When doing support plans it is about understanding that people have the capacity to make their own choices. It may not be the best choice but we can work with them around this". Another staff member said, "It's about giving people their own choices", they went on to tell us how they supported people to understand the risks in their decisions to support them to stay safe. We saw examples of decisions being made in accordance with the MCA with appropriate best interest decision making for people. Where a power of attorney was in place there was evidence of this in the person's file to ensure the delegated person had the legal authority and this detailed what areas they had the authority to make decisions on the person's behalf. Staff were aware of the need for appropriate best interest decision meetings and knew how to raise concerns about a person's capacity. People had signed their care plans to consent to care and treatment. People told us that staff did gain consent before supporting them.

We saw examples of staff highlighting concerns with external services which led to improvement for people. Staff knew people well which enabled them to quickly recognise changes in behaviour and refer them to other professionals for example their GP. One member of staff said, "It helps a lot when you have rapport with clients because you're more likely to pick up on things". We also saw evidence of good joint working with other professionals, for example learning disability professionals. One person told us "They do call a doctor and sort out your tablets, they are very helpful".

People were supported to attend healthcare appointments including; breast screening, dentists, consultants, annual health checks with the GP and an annual review with the Learning Disability nurse.

Good

Is the service caring?

Our findings

People told us staff were "Caring". They said "They listen to you, I think that's important or they help you when you get stuck". "They're kind to me". "[Care Assistant] always chats with me". One person told us about the registered manager, "Very nice lady, she is caring and listens".

Staff told us, "we do all know them (people) really well" and "we are led by our customers". This was confirmed when they told us about people supported by the service for example that people were close to their families, liked days out, enjoyed shopping or liked watching football. They also told us. "We would definitely meet them before we were expected to support them". This helped staff to build a good rapport with people from the beginning. The registered manager told us the service was not using agency staff so there was good continuity of familiar staff who knew people well. The registered manager explained that people generally visited the service a couple of times before moving in to check that everyone who lived in that particular accommodation got on well together.

The registered manager told us staff have gone "above and beyond" to help people. This included support from staff to go abroad and attend events that were very important to them. Staff spoke of supporting people to maintain friendships and relationships with their families and loved ones. We also heard a staff member discussing birthday celebrations for a person supported by the service. The deputy manager told us that she stayed overnight when it was snowing to make sure she was available for people the next day as services were within walking distance, she said "We had a lovely evening".

Staff were proud of achievements in the service. One member of staff said, "We've helped people get jobs, start going on holiday when they didn't before". The service also encouraged people to be independent by providing training during their drop in sessions such as travel training, keeping your money safe and being safe when engaging with members of the public. We heard staff offering explanations and support to a person in how to use their mobile phone. Staff also told us they had helped people with their finances by helping them to budget. One member of staff said they had seen one individual's independence improve "Most definitely".

People told us they were treated with dignity and respect. A staff member said "We knock on doors and check if we can come in. We do what we need to do to support people and then come out. We encourage people to lock their doors so others can't barge in." One member of staff said that one way of maintaining dignity was "asking if [person] is comfortable" during their care.

Following a distressing event, the registered manager supported people using the service, she told us, "I comforted them". When people go through challenging times in their lives, staff support them. In one instance staff "made sure [they] had people around as much as possible".
People using the service were involved in interviewing new members of staff and their questions included how staff would handle information of concern and support people with their choices and decision making.

Good

Is the service responsive?

Our findings

The service put people at the centre of their care. A staff member told us "It's what they (people) want not what I want. It's about giving choice and whatever makes them (people) happy".

There were many examples of people being supported according to their individual needs. For example, people were involved in decisions about their routine and 'support timetable', such as what time of day they would like to be supported with various activities. Staff helped one person to arrange a healthcare appointment at a time that staff could support them to get there in case their family were not available. Staff adapted their approach to support individuals, for example staff adjusted their communication in order to facilitate relaxed behaviour and prevent challenging behaviour from escalating. Staff had also broken up their support into shorter, more frequent visits to provide more regular input for someone who benefitted from this. The service supported people's choices on whether they preferred to be supported by male or female staff. People told us that their decisions were respected by staff.

We looked at four people's care plans. Comprehensive needs assessments were carried out. These included: physical, mental, social, emotional, sexual, spiritual, cultural and relationship needs. Action plans and outcomes were developed through care planning based on needs assessments.
Care plans and risk assessments were clearly laid out and contained sufficient detail to guide staff on how people preferred to be supported and to manage risks. Action plans were completed to identify the outcomes people wanted to achieve within timescales and who would support the person to achieve this. Care plans included a personal profile which highlighted the important things new staff should know when providing support to the person. This highlighted people's priority needs and risks for all staff.

People had been involved in their care planning and had signed their agreement to them. Some care plans were formatted in a way that people preferred, for example one was colourful at the person's request and had a personalised front sheet. The care plans had personal profiles which stated, 'This should give an overview of the customer – imagine you are a new member of staff on your first day'. We saw that care plans included information about people's likes and dislikes, such as their preferred foods, sports and favourite television programmes. People told us things about them that were accurately written in the care plans. People told us they were supported to make their own decisions, for example about what they wanted to eat and drink.

The service was not supporting people at the end of their lives at the time of the inspection. Though the service did not discuss this routinely with the people they supported, the registered manager told us, "We try to discuss end of life with people, I am going to see a person about a will tomorrow and we have done a funeral plan with [person]". The service planned to explore people's wishes for the end of their lives more, should they become unwell unexpectedly. This was included in their continuous improvement plan. The registered manager told us that they also had an easy read "When I die" document to enable them to communicate with people about their wishes. The provider had an end of life and palliative care policy in place.

In response to feedback from people that they felt isolated, the service had developed a six weekly drop in session where the service could share information with people and people could give feedback. These sessions include topics for discussion for example; people were shown a DVD on how to make a complaint. The service also introduced a weekly gentle exercise group following discussion with people, which helped to reduce isolation. The registered manager said that people had been supported to maintain and create relationships that were important to them.

Staff recognised the need to ensure people were enabled to have relationships if they chose. Staff described examples of how people had been supported with relationship needs and issues. The registered manager told us how they had open conversations with people about expressing their sexuality and described how they had sourced information to support people who wanted to learn about relationships, sex and sexuality. Care plans included information on people's relationship and social network needs, including risks associated with relationships.

The organisation had a complaints policy in place. They had developed an 'Advance Complaints Panel' for reviewing complaints to encourage learning across the organisation. Themes within compliments, complaints and satisfaction rates were monitored at an organisational level.
We looked at the complaints and compliments log. There was a complaints policy and procedure in place and this included an easy read version with pictures to meet people's preferred communication needs. The complaints log detailed complaints received and how these had been responded to. Records showed complaints had been investigated and concluded to the complainant's satisfaction. People told us that they didn't have any complaints; one person told us if they did have a complaint, "I'd talk to the care manager [name], or the staff". Records of compliments included thanks from relatives and feedback from a person praising a "particularly outstanding staff member".

The service promoted people's independence. "We give encouragement and practical help, a person had trouble using the front door lock due to their limited dexterity. We got an extra big handle so they can now lock the door and we got large handled cutlery to assist with eating". Care plans and people's comments confirmed people were enabled to do as much as possible for themselves. Staff spoke proudly of people becoming more confident as a result of the support of the service.

The provider produced a newsletter for people which was edited by people using their services. The newsletter included useful information and advice for people on; staying safe on line, making a complaint, fire safety and making information easier to understand.

A person had been supported to achieve their goals for example going on a holiday. One individual who had suffered financial abuse before joining the service was supported to save money and achieve their goals. Other people were supported to move on to independent living from supported living. People told us that their care was responsive to their needs and provided in line with their care plan.

Good

Is the service well-led?

Our findings

People were positive about the manager. One person told us, "She's always been a good manager." People felt comfortable to contact the manager. One person told us they had not had any concerns but knew who the manager was if they did have any issues and knew how to contact them saying "We've got the number somewhere".

Staff felt well supported by the manager and told us that they were "always on the end of the phone", "We are all in constant communication with each other". The registered manager knew the people using the service well. A staff member said, "I feel happy coming to work every day, we have a good way of working and the team works really well". Action was taken to address staff performance when required, for example following a complaint.

One member of staff told us "I have no concerns about [registered manager] if I had any concerns I could go to her. She is firm but fair. I ask a lot of questions and she always explains to me and is willing to change tactics". Another staff member said, "Registered manager is most definitely clear, I think we are listened to we can put our opinions forward and we have regular team meetings so we can bring up anything that's needed." The registered manager had showed effective support for the team during an upsetting event which had included a debrief and details of support available to staff. The registered manager told us, "I also asked all staff to contact me if they would like to talk further or meet for a coffee". The registered manager also told us that alongside the deputy manager they would cancel their plans to support staff with urgent issues.

The registered manager told us "Staff are encouraged to bring any concerns up whatsoever", whistleblowers would be protected and their concerns would be investigated. The manager told us she could be easily contacted by email, phone and in team meetings. One member of staff told us, "I definitely think that everyone here feels that their opinions are valued".

The registered manager told us "I'm always willing to learn", "My main aim is to improve things". "We've all got the ethos that we do treat everyone as individuals". The registered manager attended a registered manager's forum where they discussed current issues or developments in healthcare. The manager said "We share practice", "We're all open to learning and improvement". We saw evidence of learning lessons as described earlier in the report. We saw examples of innovation in the service. In reference to the weekly exercise group and drop in sessions that were developed the registered manager said, "We had to be more innovative when hours were cut."
Staff also told us about positive support from the provider at staff conferences and "The CEO has an open door and we have an 'ask Julie (CEO)' questions on the intranet".

The service had been awarded three 'PRIDE' awards. These awards had specifically recognised the registered manager and two members of staff. These were awarded by the organisation in recognition of going above and beyond in demonstrating the values of the organisation in their work. The values were: Partnership, Respect, Innovation, Drive and Efficiency. Staff knew the values and told us, "The values are

promoted by managers and always come up in our appraisals." They are also communicated through team meetings, staff supervision, posters, and values based interviewing. The registered manager told us that she felt "really supported by my team".

Minutes showed team meetings were held regularly at a frequency of every four to six weekly. The company values, PRIDE, were included on the minutes. Discussions included; policies and values, people's needs and developments in the company. A staff member said, "The team communicate well and I feel I can phone and ask anyone for advice I wouldn't hesitate to be fair." Customer meetings were also held as an opportunity for people to feedback about the service. People we spoke to were aware of them.

Staff were supported and protected from any discrimination including on the grounds of sexuality. The registered manager told us an example of protecting staff from discrimination by people they were supporting. The registered manager helped to prevent discrimination through training and learning.

The registered person must notify the Commission without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.

The organisation has a data protection policy. Confidential information about service users was kept securely in the office and in rooms, locked and only accessible to staff.

Questionnaires were sent to people and their relatives, feedback was analysed and individual responses were sent to people with actions taken as a result of their feedback. The provider produced an annual customer report which detailed the response to their annual survey, it was sent to all the people using their services.

The service worked in partnership with many other services for example, housing landlords, health professionals, advocates and social services to deliver effective outcomes for people.

The CQC rating was on display in the service.