

# Mrs Patricia Harcourt Crawford

# Battersway Court

## 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

This comprehensive inspection took place on 5 December 2017 and was announced. This was to ensure someone would be available to speak with us and show us records.

The last inspection took place in October 2016 and the home was rated 'requires improvement' in Safe, Effective, Well Led and overall. Caring and Responsive were rated 'good'. We found breaches of Regulations relating to safe care and treatment, staff recruitment, consent to care and treatment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when they would make the necessary improvements to meet regulations. During this inspection, we found that improvements had been made.

Battersway Court is a 'care home' for up to four people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, three people were living at the home.

Battersway Court can accommodate up to four people on the upper floor of one adapted building. The home consists of shared living, dining and kitchen area with three bedrooms having their own en-suite facilities.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home had a registered manager who was also the provider. 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.

Quality auditing systems in the service had been fully reviewed and were now effective. There were systems in place to assess, monitor and improve the quality and safety of care. The provider undertook regular checks to ensure people's care needs were being met and documentation was being maintained. The deputy manager carried out daily and monthly cleaning audits and monthly health and safety, infection control, environment and food hygiene audits. Care plans were reviewed monthly or if people's needs changed. Any concerns were highlighted and action was taken. The provider also arranged an annual health and safety audit completed by an external company.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to ensure the risk to people was minimised. Premises and equipment were maintained to ensure people were

kept safe and there were arrangements in place to deal with foreseeable emergencies.

People felt they were treated with kindness and said their privacy and dignity was respected. People's care plans contained information about what was important to them and how care should be delivered. People were involved in reviewing care plans and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risks had been assessed for each person and action had been taken to reduce identified risks. Risk assessments gave staff clear instructions on how to keep people safe whilst maintaining their independence.

People were protected by staff who knew how to recognise possible signs of abuse. Staff told us what signs they would look for and the procedures they would follow to report these. Safeguarding contact numbers were accessible to staff and people who lived at Battersway Court.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent pre-employment checks to ensure they were suitable to work with people in a care setting.

Appropriate arrangements were in place for the safe administration and storage of medicines. Two people had chosen to manage their own medicines. We saw where people had chosen to manage their own medicines, individual risk assessments had been completed and reviewed regularly. One person was supported by staff to manage their own insulin and diabetes monitoring. We have made a recommendation to the provider about their insulin management.

People were happy with the support they received to eat and drink. People were supported to help prepare their meals and could choose what they wanted to eat. People's mealtimes were relaxed and changed to meet people's activity commitments and routines.

Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged. People felt able to make requests and express their opinions and views. A formal complaints process was in place that people were aware of.

## 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 protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People had individual risk assessments in place that were appropriate to their needs. Risks were managed well.

There were sufficient numbers of staff to meet people's needs and keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

### Is the service effective?

Good ●

The service was effective.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met and they had access to other health professionals.

People were supported by staff who were suitably inducted, trained and supervised.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring, engaging and supportive.

People's privacy, dignity, independence and respect was promoted.

People were supported to maintain friendships and important relationships.

People contributed to decisions about their care

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefited from personalised and meaningful activities which responded to their interests.

People were provided with the information on how to raise a concern or complaint.

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

**Good** ●

The service was well led.

People, relatives and staff were given the opportunity to feedback on the service.

The provider had systems in place to assess and monitor the quality of care and make improvements to the service.

People's records and other records required for the running of the service were accessible, organised and well maintained.

# Battersway Court

## **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 was 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 5 December 2017 and was conducted by one adult social care inspector. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 also reviewed the information we held about the home. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We checked that the provider had followed their action plan.

We contacted the local authority's Quality and Improvement Team and other healthcare professionals who provided information about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we met with everyone living at the home. We spoke with two people about their experience of the service. To help us understand the experiences of people who did not readily communicate with us or preferred not to, we observed their responses to the events going on around them, their interaction with each other and with staff. We spoke with the registered provider, deputy manager and a staff member. We asked people if they would be happy for us to speak with their family members but they declined. We spoke with a provider of activity services that people used.

We looked at the care plans, records and daily notes for everyone who lived at the home. We also looked at training records, policies and procedures in relation to the operation of the home.

## Is the service safe?

### Our findings

Following the previous comprehensive inspection in October 2016 we raised concerns relating to recruitment checks and environmental risks. At this inspection we found sufficient improvements had been made.

At our last inspection in October 2016 we found that the provider had failed to ensure that people were protected from receiving care from unsuitable staff because robust recruitment procedures were not being applied. At this inspection in December 2017 we found the provider had an effective recruitment procedure in place to ensure relevant security and identification checks would be carried out when they employed new staff. These included checks with the Disclosure and Barring Service (DBS), two written references, recording of full employment history and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults in a care setting. This helps employers make safer recruiting decisions and also prevents unsuitable individuals from working with people who live in a care setting. The provider also ensured their recruitment and selection processes were regularly audited as part of their improved governance structure.

During our last inspection we saw that some aspects of the environment were unsafe. Building work at the home was not cordoned off and there were no window restrictors in place to reduce the size of the window openings above ground level. We saw at this inspection in December 2017, the environment was now safe. The building works were still in progress but were suitably cordoned off, reducing the risk to people. Appropriate risk assessments were now in place in order to mitigate the risk to people, as far as possible and people were aware of the risks. Staff also ensured the area was safe and cordoned off with cones whilst workmen were working in the area. The provider had fitted window restrictors.

Since the last inspection, an improved process of environmental checks had been implemented and undertaken regularly to help ensure the premises were safe. These included; building maintenance, gas and electric services and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. People using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire and had had training and knew what to do.

People told us they liked living at the service and they felt safe. People told us they knew they could share any concerns with staff and the provider if ever they felt unsafe. One person said, "Yes" when asked if they felt safe. Another said, "I'm safe here."

People were supported by staff that understood their role in safeguarding them from abuse. All staff had completed regular safeguarding training. At the time of inspection, there had been no recent safeguarding incidents. Staff demonstrated a good understanding of how to respond if they had concerns. Staff were able to describe possible signs of abuse and were aware of the appropriate agencies to contact should they suspect that abuse had occurred.

People told us staff were available when they needed them and they were supported by staff to lead very independent lives. After the last inspection we made a recommendation to the provider to keep staffing levels under review to ensure people's needs were met at all times. People were supported by the provider, who lived on the premises, the deputy manager and a senior care worker. On the day of inspection the provider and deputy manager were available to support people. People were supported at night by the provider who slept downstairs in their private residence. People told us they would go downstairs and alert the provider if they needed anything during the night. The deputy manager told us staff were flexible and covered any absences, such as annual leave or sickness, themselves to ensure continuity of care. In response to the recommendation we made following the last inspection, the provider had completed recruitment processes and some training for two potential staff members, already known to people living at the home. This was to ensure staffing levels would continue to meet the needs of people living at the home in the future if people's needs changed. This meant there were sufficient numbers of staff on duty to keep people safe.

Risks in relation to people's care and support were identified and when systems were put in place to manage any risks these were agreed with people. People were encouraged to be as independent as possible and because of this some people managed their own risks with minimal intervention from staff. For example, some people independently accessed the kitchen to prepare their own hot drinks and snacks. Where risks had been identified, care records contained detailed risk assessments. For example, one person enjoyed helping to prepare and cook meals. Their risk assessment gave staff clear instructions on how to keep the person safe, such as, "advise [name] to take care with knives and when stirring food, to stir slowly to reduce the risk of splashing food which could burn." This ensured that actions were taken to manage and mitigate risk and were as least restrictive as possible whilst protecting people's freedom and maintaining their independence.

Staff were provided with information about how to support people who could sometimes display behaviour that was challenging for staff to manage. Risk assessments gave details of the type of situations that might trigger changes in a person's behaviour and this helped staff to prevent these situations from occurring. If an individual's behaviour did escalate staff were provided with clear guidance and instructions about how to respond and support the person in a way that reduced their anxiety. Records showed there had been very few incidents in which people had become agitated. We observed that staff knew people well and when they displayed behaviour that challenged, staff were able to use good practice techniques to support the person to manage their feelings.

Appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a locked cupboard and medicines requiring refrigeration, were stored in a locked box in the fridge. Daily temperatures were recorded of the medicines' cupboard to ensure medicines were stored within recommended temperature ranges. Two people had chosen to manage their own medicines which they kept in a locked drawer in their locked rooms. We saw where people had chosen to manage their own medicines, individual risk assessments had been completed and reviewed regularly.

One person was supported by staff to manage their own insulin and diabetes monitoring. This had been discussed with the person and their diabetic specialist nurse in a best interests meeting. Risk assessments had been carried out and judged that this person was able to take their own medicine safely but would require staff to check the amount they would be administering to ensure safety. We saw staff providing this support to the person during the inspection. The risk assessment also identified how to keep them safe and manage their diabetes whilst they were away from the home. The person always carried a card which listed their medicines and the doses they were taking for people to access in an emergency. Staff ensured that if they were going out of the home for a long period, they took their insulin, blood sugar monitor and a snack

to ensure blood sugar levels were maintained. We saw from records they were taking a variable dose insulin depending on their blood sugar level and what they had eaten. It was not clear from records how much insulin the person should be having as there was no scale to guide the person or staff. There was no information in the risk assessment indicating what the blood sugar levels should be kept at or at what level they would be considered as too low or too high. We spoke to the deputy manager who said that they had been managing the person's insulin with them for many years and they knew what was normal blood sugar levels and how much they needed to adjust their insulin by as a result. However, they understood the need for this information to be written in the person's care records for all staff and new staff, to refer to. We saw from records, the person's blood sugar levels were being managed within a safe range. We spoke to the person's diabetic specialist nurse who told us the provider had always managed the person's insulin well and always sought professional help when needed.

We recommend the provider seek guidance from the diabetes specialist nurse about managing varying dose insulin for this person and review care records to include guidance for staff of symptoms of low and high blood sugar levels specific to this person.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Very few incidents had occurred but when they had, post incident analysis was carried out. This identified what had happened and why, and whether the situation could have been dealt with in another way.

The home was clean and free from odours. Most of the cleaning was completed by staff with people who lived at the home responsible for keeping their own rooms clean and tidy. The risks of infection and cross contamination were minimised by health and safety control measures based on an up to date infection control policy. These controls included the testing of water systems for legionella bacteria, infection control training for staff, safe systems of cleaning and the provision of personal protective equipment. For example, daily, weekly and monthly cleaning schedules were followed by staff. We sampled these records and they showed cleaning was up to date. These safe systems of work protected people from potential infection.

## Is the service effective?

### Our findings

At the inspection in October 2016, we identified a breach of regulation regarding staff supervision, support and training. Following the inspection, the provider sent us an action plan which indicated how they would address the identified breach. At this inspection we found sufficient improvements had been made.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Following the previous inspection, staff files and training programme had been reviewed and a system was in place to ensure staff received relevant training and refresher training was kept up to date. Training included, safeguarding adults, fire awareness, person centred care, health and safety, medicines and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

No new staff had been employed since the last inspection. However, the provider had made arrangements for two potential new staff members to attend some training with staff. These staff would then have the necessary skills and knowledge for if and when they worked with people. The potential staff members were known to people living at the home and had been working with them in the past on a voluntary basis. The deputy manager told us that new staff would not work on their own until they had acquired the relevant skills to meet people's needs.

There was a system in place to support staff working at Battersway Court. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs.

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 are called the Deprivation of Liberty Safeguards.

The deputy manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and was knowledgeable about how to ensure the rights of people were protected. People living at Battersway Court had mental capacity to make their own decisions. People made their own decisions about how they wanted to live their life and spend their time. They were consulted about every aspect of their care and supported by staff when required. Staff understood consent and the importance of ensuring people's rights were upheld before they offered them care and support. There was no-one living at the home that was subject to DoLS.

People were supported to use healthcare services to maintain their health and well-being. Care plans provided descriptions of people's medical needs and how to support them. People told us they made their

own appointments with their GP and other health care professionals when they needed and staff supported them to do so. Although people managed their own health care appointments, staff were aware of any health concerns and monitored people's health. For example, people were weighed on a regular basis, with their consent, and any significant weight changes were identified, investigated and appropriate action taken. Records confirmed that people had been seen by a variety of healthcare professionals, including GP's, specialist nurses, dentist and opticians. Health action plans were in place that outlined people's healthcare support needs. Health action plans are recommended for people with learning disabilities by the department of health to promote people's health and their access to health services. People also had 'hospital passports' in place to ensure on-going health care support. The aim of the 'hospital passport' is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital.

People liked the food that was prepared for them at the home. One person told us, "The food is nice" another said, "It's lovely." Staff supported people with their food choices to help them maintain a balanced diet. People were involved in meal planning and this was done in a way which combined healthy eating with the choices people made about their food. People chatted to us about how they were involved with menu planning, meal preparation, cooking and baking. People were supported to make their own drinks and snacks as they wished.

The design, layout and decoration of the building met people's individual needs. People's rooms had been personalised with their belongings and decorated in a style of their choosing and provided en-suite facilities.

## Is the service caring?

### Our findings

People living at Battersway Court had lived there for many years. They said they were very happy living there and did not want to be anywhere else. People told us they were involved in their care and decisions about their lives. Information was provided in accessible formats, such as leaflets with pictures and photographs to help people understand the care and support that was available to them. People were supported to have a 'voice' and say when they thought things were not right. People were taken seriously and listened to.

Staff were clearly committed to their role and cared for the people they supported. They displayed a real concern for people's well-being and happiness. Staff knew people well; they told us about people's personalities, hobbies and what was important to them. It was evident that staff had a genuine fondness for the people they supported. Staff engaged people in friendly conversation around their interests and used this information to tailor their care and support. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans.

People were treated with dignity and respect. The deputy manager told us "We never go into people's bedrooms unless they are with us and we are invited. Everyone has a key to their room so they are able to lock it when they leave their room, although one person chooses not to." Throughout our inspection we observed that staff spoke with people respectfully and engaged people in sociable banter creating a relaxed and friendly atmosphere in the home. We observed that staff knocked on people's doors prior to entering their bedrooms. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

People were supported to develop skills and independence. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included assisting with meal preparation, using community facilities and places of interest and personal care. People were involved in household chores which staff supported them with. This gave people responsibilities and ownership over their home environment. People were involved in shopping and staff worked with people to prepare their meals. People's care plans contained information on their strengths and any goals that they wished to achieve; such as using public transport independently.

People confirmed to us that staff respected their choices and asked permission before supporting them. This was confirmed by our observations. Information about advocacy services was made available to people and their relatives should this be required. This meant that people had someone, independent from the home, who could support them and speak up on their behalf if they needed it. We were told by the deputy manager that although advocates were available, nobody currently had requested to use this service.

People were supported to maintain important relationships and to stay in touch with their friends and relatives. Visitors were always welcome at the home.

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure.

## Is the service responsive?

### Our findings

People told us they had everything they needed and were happy living at Battersway Court. One person said, "I'm happy with everything." People said the staff gave them the help and support to do as much as possible for themselves and live their lives as they wished.

People had 'Person centred plans' in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. These included information on people's life history, likes and dislikes, health, well-being and self-esteem, choice and capacity, independence and living skills, and activities.

Care records described how staff supported people with their health care needs and included detailed instructions for staff to follow. We saw staff had been appropriately trained in how to support people with their specific needs and guidance had been sought from appropriate healthcare professionals. Appropriate risk assessments were in place and care records were regularly reviewed and evaluated. Daily records were up to date and gave a good overview of what had occurred for that person.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

The home was already accomplished in the process of documenting the communication needs of people and were complying with the Accessible Information Standard. People had access to the information they needed in a way they could understand it. Staff ensured they obtained information leaflets in easy read formats to help people understand. Staff also looked at how technology could help people understand. For example, one person needed a medical examination. Staff sourced easy read leaflets and a video of the procedure to watch with the person so they would know what to expect, could ask questions and prepare themselves beforehand.

People were supported to live active lifestyles and were encouraged to go out in the community independently. This helped them to learn life skills which promoted their independence. People were encouraged and supported to do ordinary daily activities, like cleaning their rooms, preparing snacks and drinks and shopping for themselves and for supplies for the home. People decided what they wanted to do and when they wanted to do it.

People were supported to attend a variety of social activities, such as, coffee mornings, activity clubs, disco's, take part in community events or go on holidays. One person told us about a recent holiday they had all gone on to Disney World. They had great pleasure showing us a scrapbook, staff were helping them make with all of their photos from their holiday. Another person set up their Disney train set they had bought when they were on holiday. They both said how much they enjoyed their holiday and were looking forward to their next one. People were also supported to follow their own individual interests and hobbies. One

person enjoyed making models and another enjoyed completing jigsaw puzzles. Staff also helped people celebrate important events such as birthdays and events such as Halloween and Christmas. People told us they would have parties and invite all of their friends.

People had many opportunities to discuss their care and be involved in the day to day running of their home. The deputy manager told us people and staff had informal daily meetings over breakfast where they chatted and discussed any issues, concerns and plans for people's daily lives and activities. We asked people if they wanted to complain about something what they would do. They told us that they would speak to staff and they would feel comfortable to do so. One person said, "I never have anything to complain about."

There were clear policies and procedures in place for staff to follow when dealing with a complaint. However, the home had not received any complaints as they discuss any issues as and when they happen so that they were resolved quickly and to everyone's satisfaction.

## Is the service well-led?

### Our findings

At the previous inspection in October 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to have effective systems and processes established to assess and monitor all aspects of the service they provided. The provider sent us an action plan informing us how they address the breach.

At this inspection we found improvements had been made to the way the quality and safety of the services provided in the home were audited. An annual health and safety audit was completed by an external company. The deputy manager also conducted daily and monthly cleaning audits and monthly health and safety, infection control, environment and food hygiene audits. Care plans were reviewed monthly or if people's needs changed. Any concerns were highlighted and action was taken. For example, their last infection control audit identified that the kitchen had not been inspected by Environmental Health. Immediate action was taken and the home was inspected in March 2017 and achieved a food hygiene rating of four, which meant the home met the required safety standards.

Systems were in place to get feedback on the service. Regular daily resident meetings had been established where people were able to raise any issues or concerns. People were also supported to discuss their personal care and life at Battersway Court during individual one to one meetings with staff. An annual survey was completed which sought feedback from people and relatives. Only one survey form had been received back from people's families and this was positive about the care their relative received. The provider had arranged for an independent person from a local learning disabilities activity provider to help people complete the survey form and capture their views. These showed that people were very happy living at Battersway Court. Staff also had opportunities to raise any issues or concerns about people's well-being through meetings and supervisions with the registered provider.

Battersway Court was a small family run care home, people had lived there for a long time and were supported by staff who had worked with them since they arrived. Staff knew people well. People and staff told us the registered provider was approachable and they were available at the home on a daily basis. The registered provider took an active role within the running of the home and knew people well. The home was very much a family home and people were treated as staffs' extended family. A health professional involved with the home commented "[provider's name] has always cared very much for the people she looks after. They totally trust and rely on her. [provider's name] has an open and transparent approach and always sought professional advice when needed."

At the previous inspection in October 2016 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to submit notifications, to the Care Quality Commission in line with their legal responsibilities, although they had taken appropriate actions. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

At this inspection we found the home was now making notifications to us. The registered provider was

aware of the duty of candour and their responsibility to act in an open and transparent way in relation to the care and treatment people received. The provider had a duty of candour policy to support practice.

Accurate records had been kept when people's needs had changed. We found that care plans and risk assessments contained information about people's needs. The records contained sufficient up to date information for staff of how they needed to support people. Records were kept securely in the office and people had access to their records when they wanted them. This meant that people's confidentiality was protected because their information was secure.