

Portsmouth City Council

Ian Gibson 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

About the service

Ian Gibson Court is a domiciliary care agency providing personal care to people in a 'supported living' setting. Support was provided to older people who may have other physical and mental health needs. 45 people were living at the service and Ian Gibson Court were providing support to 21 people at the time of the inspection.

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

The provider had a quality assurance system in place but this did not always drive the necessary improvement in relation to care records, including risk assessments. We have made a recommendation about this.

Despite this, people felt safe receiving care from Ian Gibson Court. Staff had a good understanding of safeguarding adults from abuse. There was enough staff to meet people's needs and staff had been recruited safely. The management of medicines was safe and improvements had been made to medicine records.

People were supported to have enough to eat and drink. People were supported to access healthcare professionals when appropriate. Staff told us they received support and training to ensure they could carry out their roles effectively.

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 by staff who were kind and caring. People were encouraged to be as independent as possible and people's dignity and privacy was protected by staff.

Improvements had been made to people's care plans and included information to reflect the needs, preferences and choices of people. Further work was needed to ensure all information in people's care plans was up to date and the registered manager acknowledged that end of life care planning was an area for development.

People were helped to avoid social isolation because they were supported to access the community and people were provided with regular care staff. People told us they felt comfortable to complain but had not needed to and that the service was flexible and would re-arrange visits to meet individual needs.

Staff spoke positively about the culture and management of the service and people told us they were happy with the service they received. Feedback from people was sought and any areas for developing the service were acted on. The service worked in partnership with other agencies to promote and support people's

wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 October 2018). A breach of regulation in relation to maintaining accurate and detailed records about people was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had improved and was no longer in breach of this regulation. However, further work was needed and we have made a recommendation about this.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ian Gibson Court on our website at www.cqc.org.uk.

Follow up

We will 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.

Ian Gibson Court

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

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in a 'supported living' service. This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Ian Gibson Court were providing care to 21 people who lived in the service at the time of our 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 announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 November 2019 and ended on 6 November 2019.

What we did before the inspection

We reviewed the 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 four people who used the service. We spoke with five members of staff including the registered manager, the care service manager and care workers. We reviewed a range of records. This included six people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from three external health and social professionals.

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 requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection in September 2018 risk assessments associated with people's needs needed improving because they did not contain accurate or detailed information about how to manage risks safely. At this inspection, improvements had been made but further work was still needed.
- Most risk assessments were detailed and provided staff with clear guidance about how to mitigate risks. For example, one person was at risk of falling and the risk assessment stated how this risk could be reduced, such as ensuring the environment was free from obstacles, prompting the person to use their mobility aid and wearing their alarm pendant.
- However, although risks were managed safely, we found instances where risk assessments did not provide guidance about how to monitor and mitigate risks for people.
- For example, one person was at risk of choking. Although this person had capacity and chose not to follow dietary advice from the speech and language therapist, records did not reflect that alternative risk reduction measures had been considered or implemented by the service.
- Another person had a catheter. These are tubes used to drain a person's urine into an external bag. They are prone to blockages. There was no risk assessment in place about this. This meant staff were not provided with guidance about how to identify when a person's catheter had blocked, which could put the person at risk of harm.
- The concerns we had about records relating to people's risks were reduced because there was a small, stable staff team who had developed a comprehensive knowledge of the people they were supporting. They were aware of people's conditions and were able to quickly identify if a person was unwell. Staff told us they would contact a GP or the emergency services if a person's condition had deteriorated. We saw evidence in records that this had previously been done.
- Following the inspection, the registered manager told us they would put systems in place to improve risk assessments and sent us some examples of completed risk assessments.

Using medicines safely

- At the last inspection in September 2018 people's 'as required' (PRN) and topical medicine records did not provide staff with sufficient guidance about how to administer these medicines effectively for people. At this inspection, improvements had been made and PRN protocols and topical medicine guidance was available and detailed for staff.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received relevant training and were assessed as competent to support people with their medicines.

- Medication administration records (MARs) confirmed that people had received their medicines as prescribed and people were positive about the support they received regarding their medicines.
- People were supported with their medicines in a personalised way and in a way that promoted independence and safety. For example, one person told us, "They [staff] experimented with me taking my medicines myself but I forgot three days in a row, they do it now which is better."
- Regular checks of Medication Administration Records were completed by the management team. When recording errors or omissions were identified, appropriate actions were taken, for example follow-up supervisions with staff to discuss what had gone wrong.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety.
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- The registered manager had reported incidents of abuse to the safeguarding team when it was identified.

Staffing and recruitment

- The deployment of staff met people's needs and kept them safe. Feedback from people and staff was they felt the service had enough staff.
- Staffing levels were assessed regularly, or when the needs of people changed, to ensure people's safety. For example, one person had just returned from hospital and needed two staff to support them rather than one. This was put in place.
- People told us they were pleased they were supported by a team of consistent staff as this helped staff get to know them and their needs.
- Appropriate checks had been undertaken to ensure staff were recruited safely.

Preventing and controlling infection

- Staff wore uniforms and used personal protective equipment (PPE) such as disposable aprons and gloves when appropriate.
- Supplies of disposable aprons and gloves were readily available for staff to use.
- Preventing and controlling infection was discussed at staff meetings and regular audits were carried out to ensure staff understood and followed best practice guidance in relation to infection control.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.
- When things had gone wrong such a medication error or a missed visit, the registered manager investigated these and put measures in place to prevent them from happening again.

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 as 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

- Assessments for people were carried out by the local authority. However, the provider supplemented the information following their initial meetings with people to check they had all the required information about people's care needs.
- Care plans were developed based on information in people's assessments and staff told us they supported people in line with the information in care plans. Records confirmed this.
- Staff demonstrated they knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- People told us they were supported by well trained staff. One person told us, "Yes, [staff] know what they are doing. They appear very well trained".
- Staff received regular training which included: safeguarding, moving and handling, health and safety, fire and the Mental Capacity Act. Staff told us they had enough training, although some felt that training about specific health conditions relating to the people they supported would be beneficial. We discussed this with the registered manager who told us they would look into this.
- All staff new to Ian Gibson Court were supported through an induction and those new to care were expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff received regular supervision to support their development needs. The management team also conducted observational supervision, observing the practice of care staff, to enable them to assess their level of competence and offer support if needed. Staff were positive about the support they received from the management team.

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

- People were supported, by staff, to eat and drink enough and maintain a balanced diet.
- People were positive about the support they received from staff. For example, one person told us, "The carers do my breakfast, they ask me what I want, this morning I had scrambled egg and sausages, it was lovely."
- The service had taken part in nutrition and hydration week which is a national initiative to increase awareness for staff about nutrition and hydration.

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

- Staff at the service worked closely with the staff from the supported living team. This team supported people with their daily living needs apart from providing personal care. Records demonstrated that if staff identified any concerns regarding people they would ensure the supported living team knew. This ensured people were supported by the two services to ensure their care and support was effective.
- People were supported to access healthcare services and support. One person told us, "They (staff) organise doctors appointments if we need it and I've been escorted across the road to the surgery before."
- The service worked with other agencies such as; district nurses, the local authority safeguarding team, occupational therapists and GP's to ensure people received the support and healthcare they needed. During our inspection, we saw that the registered manager had organised a meeting with an occupational therapist to ensure a person had the right equipment for their needs.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of our inspection, all of the people receiving support from the service had capacity to make their own decisions. People's care plans included a consent document to evidence people had given consent to their care and treatment as described in their support plans and risk assessments.
- People confirmed that consent to care was routinely sought by staff and that staff offered and respected their choices. One person told us, "[Staff] always ask me if I'm ready to be helped, they always ask what I want for breakfast." Staff were clear on people's rights to make their own decisions.
- The registered manager and staff had a good understanding of what to do if they identified any concerns about people's capacity to make decisions. The registered manager described how they would work with relevant local professionals and undertake capacity assessments and best interest decisions as required.

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

- People were receiving care and support in their own home and so retained control over the decoration and design of the environment.

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 spoke positively about staff, describing them as "kind", "caring", "dedicated" and "respectful". One person told us, "They (staff) are always cheerful, they brighten up my day."
- Professionals echoed this sentiment, one told us, "All of the time the team have a smile on their faces and nothing ever seems too much trouble". Another said, "Staff adapt and provide care above and beyond."
- Staff were not rushed and had sufficient time to provide support in a caring and personal way. Staff described how they could "pop in" to check on people even if it was outside of their allocated visit times. One member of staff told us about a person whose health had recently declined and said, "When we have a few minutes spare, we'll go and sit with [Person]."
- Staff spoke warmly about people. When we asked one member of staff what the best thing about working at the service was, they told us, "The people we support, seeing the smiles on their faces is the most rewarding thing."
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Staff had received training in ensuring equality and valuing diversity.

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

- People were empowered to make their own decisions. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. For example, one member of staff told us, "We fit into to what they (people) want, we always ask them, for example, what do you want to wear? It's their home ... they have to feel happy."
- Records confirmed that people were involved in meetings to discuss their views and make decisions about the care provided. These included how they wished to be supported.
- People told us they had control over the care and support they received. One person provided us with an example and told us, "I've told the girls (staff) that I don't want my call at the usual time tomorrow, I'm going to an appointment so they are coming earlier."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them to be as independent as possible. Staff informed us that they

always prompted people to remain active and carry out any personal care tasks for themselves where possible. One staff member told us, "I encourage people to do as much as they can for themselves, but I let them know I'll support them if they need my help." One person confirmed this. They told us, "I'm a pretty independent guy and the staff know that."

- People's privacy and dignity was protected, and we saw staff ringing on people's doorbells before entering and talking with people in a respectful manner. One person told us, "The staff have always been respectful with me."
- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains.

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 that was responsive to their individual needs. One person told us, "They (staff) ask me regularly if things are OK, they (staff) always ask if I need anything else or I want to change anything."
- People received their support at the times they required it. One person told us, "I'm happy with the times they (staff) come." As the people who received support all lived in one building, staff were able to be flexible with visit times which benefited people. For example, one person was allocated 30 minutes of support per day to assist with personal care in the evening. The person had expressed a need for a small amount of help with a domestic chore in the morning, so the service split the allocated time to suit the person's wishes.
- Care plans had been developed for each person and provided sufficient information to enable staff to provide support to people in a personalised way. Information about people's preferred routines, life history and health conditions were included. However, we found some instances where people's care records could be improved. For example, one person did not have up to date information in their care plan and another person did not have a detailed end of life care plan in place. The registered manager had plans in place to address this.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. People confirmed that staff knew them well. One person told us, "They (staff) definitely know what I need, I'm happy with everything they (staff) do for me." And another said, "They (staff) all know me really well and know what I like. "

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 assessed and met. Staff demonstrated they had a good understanding of people's different communication methods. For example, one person used hand signals as a way of communicating. One member of staff told us, "[Person] doesn't verbalise very well and prefers to use hand signals, we have got to know [them] so well, we know what [they] means."

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

- Where required, people were supported and encouraged to engage in activities and interests. People chose what they wanted to do and staff would help arrange it for them.
- Staff regularly supported people to access the community and people enjoyed going shopping and to local places of interest. Events were also arranged by the supported living team. Staff from Ian Gibson Court would support people to attend these events which people appreciated.
- Staff were enthusiastic about supporting people with their chosen interests and understood the importance of this.
- A staff member told us about an outing which occurred just before our inspection. They said they had supported a person to visit places they went to as a child, they went on tell us "I loved listening to his stories, it's so nice to hear about when he was younger ... it really helps to understand him more and build relationships."

End of life care and support

- One person was being supported as they approached the end of their life. Some information was recorded about their end of life needs but this lacked detail. We discussed our concerns with the registered manager who told us they would be implementing end of life care plans in the near future which would capture more detailed information.
- Despite this, the registered manager described how they worked alongside other health professionals and people's families to ensure people's needs and wishes were met at this time. The registered manager also ensured people had the right equipment in place to ensure they were comfortable as they neared the end of their life.
- Some staff had received end of life training from the local hospice. Staff we spoke with felt confident to support people at the end of their lives and felt they did this well and in line with people's wishes. Staff additionally confirmed they were well supported by the management team and external health professionals.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place which was made available to people.
- There had been no complaints made about the service since the last inspection. However, people knew how to make a complaint and told us that they would be comfortable to do so if necessary.
- They were also confident that any issues raised would be addressed. One person told us, "I've never needed to complain ... [Registered manager] would sort it out, even if I make a comment [Registered manager] sorts it out."

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection in September 2018, the provider failed to maintain accurate and complete records about people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection some improvements had been made and the provider had made sufficient progress to meet the requirements of the law. However, as detailed in the Safe section of this report, improvements regarding risk assessments were still needed. The registered manager told us of the action they would take to improve these.
- Medicine records had improved and PRN protocols and sufficient guidance was in place about people's topical medicines. Improvements had been made in relation to people's care plans and information about people's life histories, preferences and daily routine had been included. However, further work was needed to ensure current information about people was recorded and the implementation of end of life care plans.
- There was a quality assurance process in place consisting of a range of audits by senior staff, including: medicines management, infection control and care plans. In addition, a representative of the provider conducted overview audits.
- However, the systems had not always been effective in identifying the lack of clear records associated with risks for people or lack of end of life care plans.

We recommend the provider seeks reputable guidance in order to ensure their quality assurance process continues to drive improvement regarding accurate and detailed records about people.

- Other audits had been more effective and had brought about improvement; for example, ensuring staff followed infection control procedures.
- The registered manager was very much involved in the day to day running of the service and was available to staff and people. A clear staffing structure was in place and everyone knew and understood their roles and responsibilities.
- Staff had been supported to understand their responsibilities to meet regulatory requirements. The provider had policies and procedures to help them consistently provide people with good outcomes. Regulatory requirements were discussed during staff meetings and supervisions.
- Staff were organised and carried out their duties in a calm, diligent manner. They communicated well between themselves to help ensure people's needs were met, including during handover meetings at the start of each shift.

- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating was also on display at the service as required.

Continuous learning and improving care

- The registered manager was responsive to our feedback and told us about some of the changes they were going to implement following the inspection. They demonstrated an open and positive approach to learning and development and were keen to continually drive improvement to ensure positive outcomes for people.
- An action plan had been developed following our last inspection and this was displayed in the entrance hall, so it could be shared with people and staff.
- The senior management team had visited the service and were working with the registered manager to drive improvement. For example, following a mock inspection, it was identified that it would be beneficial to have a supervision and training matrix to ensure these were not missed. The registered manager also shared good practice and learnt from other managers in their own organisation through meetings and visiting their other services.
- The provider had planned to explore an app tailored to Ian Gibson Court so the care team could digitally update care records. The aim was to record information in real time and allow more time for the care and support provision. The registered manager had also started public health practitioner training. They felt this would enable them to identify health related conditions promptly, work better with other providers and reduce hospital admission for the people receiving support from Ian Gibson Court.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff and professionals staff spoke highly of the service and thought it was well run. One person told us, "It's a very happy place and I'm well cared for, I couldn't fault anything about it." Another said, "I wouldn't get the same standard of care anywhere else... I'm very happy." A member of staff told us, "I just love it here, everything from the managers, the people and my team are brilliant."
- A professional echoed this and told us, "The role modelling from [registered manager] and [deputy manager] is amazing, they are passionate and hands on and this cascades to their team, producing the high standard that as an observer I can say I would want if a member of my family needed this service."
- The service was shortlisted for the 'Inside Housing Heroes Awards - Support & Care team of the year'. The registered manager told us, "Myself and three of the team proudly attended a ceremony and although we didn't win, we were recognised for our achievements & had the opportunity to network & share practice with others."
- There was a clear set of values that guided staff to 'provide the right care at the right time'. People and staff felt this was achieved. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care.
- Staff felt valued and supported by the registered manager. One member of staff told us, "I've worked with a lot of managers and I think [registered manager] is the best one I've had." Another member of staff told us, "[Registered manager] is excellent, what I like about her is that she picks up a care shift and puts a tunic on, she treats us as equals." A person echoed this sentiment and told us, "[Registered manager] is in a different class."
- The service had a good emphasis on team work and communication sharing. Staff told us that they all worked well together and were positive about each other's skills. Compliments were shared amongst the team to demonstrate appreciation for their good work and create a positive culture.

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

- The registered manager demonstrated an open and transparent approach to their role. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements, and CQC were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People and staff were actively involved in developing the service. The provider had implemented systems and processes to consult with people, relatives, staff and healthcare professionals.
- Feedback was analysed and used to help drive improvement. For example, one person had asked that staff always introduced themselves at each visit. We saw this information had been added into the person's care plan.
- Meetings with staff took place to share and encourage feedback. Staff told us they felt listened to and were confident that any suggestions they had to improve the service would be acted on. Staff were recognised for their achievements and contributions.
- The registered manager considered people's and staff's different equality characteristics. For example, one member of staff told us that the registered manager had helped them with a learning need. The registered manager had also adjusted some staff members work allocation so they were able to practice their religious needs.
- The service worked well with staff at the supported living team. Handovers took place between the two teams and a communication book was in place which ensured all important information about people was shared between them.
- The service liaised with other organisations. For example, the Local Authority when they felt people required more hours of support allocated to them. One member of staff told us about one person who had expressed a wish to go out once a week. The staff member informed the person's social worker and this was then arranged for the person.