

United Response

United Response - Nailsea

DCA

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

United Response is a domiciliary care service providing support to people in their own homes. They support people living in multi occupancy accommodation, single dwellings and those living with family (outreach support). The service supports adults who have learning disabilities, physical disabilities and mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The support provided aims to enable people to live as independently as possible. At the time of the inspection there were 33 people being supported of which 11 people were receiving a personal care service. Some people required 24-hour support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People continued to receive a responsive service. People were very much involved in their care with staff supporting them to live the life they wanted. People's aspirations and goals were listened too and very much supported. People had been supported to build relationships within the local community. People were supported with finding meaningful employment within their local communities either paid or voluntary. Staff actively engaged with people to find meaningful social opportunities to prevent isolation.

People continued to receive a safe service including ensuring suitable staff were employed. Medicines were managed safely. Staff knew what to do to keep people safe and when they had concerns, they knew who to share these with. People were supported by staff that knew them well. Consistent and familiar staff supported people.

People continued to receive effective care. People were supported by staff that completed a thorough induction and ongoing training, which had been kept under review. People received help where required to ensure they had enough to eat and drink. People were supported to access health and social care professionals in a timely manner.

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.

The service applied the principles and values consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that included control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People, relatives and health and social care professionals said the staff were kind and caring. People benefited from being supported by staff that knew them well. Staff spoke positively about their roles and their support of people.

The service was well led. Systems were in place to monitor the quality and safety of the service. People and staff were consulted, and their views of the service were listened to and acted upon. The service worked in partnership with other health and social care professionals and the local community.

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 Good (published July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United Response - Nailsea DCA on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a range of different 'supported living' setting[s], so that they can live as independently as possible. This included living in shared housing or in their own individual flats. 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.

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

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 March 2020 and ended on 18 March 2020. We visited the office location on 11 March 2020.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included correspondence we had received, and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We sought feedback from the local authority and health and social care professionals who work with the service. We used this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with eleven members of staff including the registered manager and two service managers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and records for all staff in respect of training 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 registered manager to validate evidence found. We looked at training data. We received email feedback from a member of staff and two health and social care professionals. We also spoke with a relative and two members of staff over the telephone on their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People told us they felt safe when receiving care from staff. People received care from staff that were familiar to them.
- Staff understood their responsibility to keep people safe and said they would have no hesitation in reporting poor practice.
- Staff completed safeguarding training in adults and children.
- Staff supported people to use social media safely. There was a closed social media site for people using the service enabling them to maintain links with other people using the service and the staff safely. This had helped when a person had experienced cyber bullying.

Assessing risk, safety monitoring and management

- People were supported to take positive risks to enable them to live fulfilling lives and maximise their independence. For some this meant they could spend periods in their homes on their own without staff support or going cycling in safe places rather than on the busy roads.
- Staff had developed positive relationships with people. This enabled staff to encourage people to plan their goals and aspirations whilst at the same time ensuring they did this safely. For example, one person enjoyed rock climbing and was supported to experience this at a centre where there were staff trained to support people with physical disabilities enabling them to complete this activity safely.
- The service had an emergency contingency plan in place to cover various events which may affect the service, for example adverse weather and the recent outbreak of coronavirus. The registered manager knew who the most vulnerable people according to their risks in an emergency. For example, people living on their own with no immediate support from family or where there may be risks in the family home.

Staffing and recruitment

- The provider undertook checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- People and staff told us staffing levels were safe and sufficient to meet people's needs. People knew who would be supporting them and when. No one said they had any missed support hours.

- Staff raised no concerns about staffing numbers. A member of staff told us, "We are a small team, and work together to ensure everything is covered for the person we support". They went on to say, " We never use any agency".
- The registered manager told us that generally people receive care and support from a consistent team. They were using agency in one service to provide night cover, but they used regular and familiar agency staff that knew the three people well.

Using medicines safely

- Medicines were safely managed. Staff were trained to administer medicines, with competency assessments completed on a regular basis, including observations, to ensure people were supported safely.
- The support people needed in relation to medicines was clearly recorded.

Preventing and controlling infection

- Procedures were in place in relation to infection control and hygiene. Staff had received training in this area. Spot checks were completed to ensure staff were following the principles of prevention and controlling infection.
- People were encouraged to actively take part in keeping their homes clean and tidy including food preparation. A care worker was observed showing a person how to wash their hands this was done in a sensitive manner explaining the importance of washing all areas of their hands.

Learning lessons when things go wrong

- When an incident occurred, this was documented and reviewed. There had been very few accidents or incidents.

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 now the same

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed prior to them receiving a service. This meant care staff had a good level of information about people's needs at the point they started to support them.
- People had a core team of staff to ensure consistency. People were matched with staff such as similar personalities and preferences such as gender of the staff. This was continually kept under review to ensure people were happy with the staff that were supporting them. Where this was not the case changes were made.

Staff support: induction, training, skills and experience

- New members of staff completed an induction period as part of their probation.
- Staff received core training as required by the provider and specialist training which had been identified in line with people's individual needs. Staff felt the training gave them the knowledge and skills to deliver a highly effective service to people.
- Staff were trained to support people who may challenge themselves or the service. The training helped staff understand the reason for behaviour, so they can better meet people's needs, reduce the likelihood that the behaviour will happen and enhance their quality of life. Staff said restraint was never used because they knew people well, they could often predict and prevent behaviours that may be challenging.
- Staff were supported by the registered manager, service managers and team leaders. Supervision and appraisals were fully embedded into the service. The meetings were meaningful; they gave staff opportunities to share their views and improve the service for people.

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

- People told us they got the supported they needed to eat and drink where this was needed. Information about people's nutritional needs and preferences was recorded in their care plans including any associated risks.
- Specialist advice from health professionals was recorded and followed. Where people might be at risk records were kept of their weight and dietary intake and referrals made to the GP and dietician as required.

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

- Staff supported people to attend health care appointments to ensure their health care was maintained and promoted. The support people needed was clearly recorded within their care plan.

- Staff worked in a timely and effective way with other organisations involved in people's care, which included people's care commissioners, doctors and the professionals from the community learning disability team. Feedback from a visiting professional was positive in how the staff were supporting a person with a complex medical condition.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's support plans included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Where people were deemed to lack capacity, best interest processes were followed. For some people this included support to access an advocate. An advocate is someone who can offer support to enable a person to express their views, access information, explore choices and options and defend and promote their rights.
- The registered manager told us that none of the people currently using the service were deprived of their liberty.
- Staff had received training on the MCA. Staff all described how they supported people to make decisions which protected their human rights and enabled them to lead the life they wanted.

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 now 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 and relatives spoke extremely highly of the staff that supported them. Comments included, "Excellent", "All really good girls", and "I really like X (name of staff)".
- People looked extremely comfortable with the staff that supported them. People were offered a choice to speak with us alone or with a member of staff. Staff were caring and knew people well in respect of how they liked to be supported.
- Professionals spoke positively about the relationships staff had with people. Comments included, "Relationships and care seems really genuine and sincere" and "It is real pleasure to visit this home (shared housing)".
- People's individual relationship needs, including those related to protected equality characteristics, were fully considered. Staff worked with people to support their understanding of how to keep themselves safe in relationships to reduce the risk of concerns arising. Sensitive support was given to a person who was changing gender. It was evident the person was supported by staff to attend the appointments they needed including ongoing support on the decision they had made. Staff said the person had grown in confidence.
- People's religious needs were explored during the initial assessments and recorded. Staff told us how they had liaised with a church to enable a person to join in with holy communion minimising their risks of choking. A person had been supported to be baptised, staff worked closely with them, involving an advocate, the family and the minister of the church. It was evident staff promoted and supported the views of the people they supported to lead the life they wanted.
- The registered manager was a dignity champion and it was evident that they were exploring how this could be further embedded within the service. They attended workshops and shared ideas with other providers and the staff.

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

- People had been involved in the recruitment of care workers. One person's preference was to hold interviews in a local café as they did not want strangers in their home. This showed that staff promoted people's choices and involvement.
- People and relatives were regularly asked for feedback to ensure they were happy with the support staff provided. The management team regularly checked to ensure people were happy with all aspects of their care and support.
- From talking with staff and people it was evident that the person was at the centre of the planning. People

met with their key worker regularly to ensure they were happy with the service or if any changes were needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they were very much involved in their care including menu planning, shopping, cooking and keeping their homes tidy. One person was being supported to go to the shops and purchase ingredients to make a healthy salad with their support worker.
- People had opportunities to plan how they wanted to be supported and set goals based on their aspirations. This ranged from being able to take their medicines independently or with minimal staff support, learning about budgeting and homemaking skills such as cooking to planning holidays or social activities. Goals were extremely individualised to the person.
- One person's independence was promoted using technology to help them have control over their environment. An electronic device could be used to control lighting, shutting of their blinds and turning on the kettle. They also had a sound bar to enable them to play and make their own music. We were told the person enjoyed this immensely as it gave them another way to express and communicate with people around them and gave them the control of their environment.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People enjoyed a wide range of educational, social and work-related opportunities which supported them to have a meaningful and inclusive community presence. Where people were unable to access paid employment, volunteer opportunities had been sought for some people. For some this had led onto paid employment. People felt valued and part of the local community which reduced social isolation.
- For some people this included working in an administrative role or catering facilities. Two people had paid employment in the United Response office helping with administrative tasks, other people worked in neighbouring businesses in their local area. This included charity shops, cafes and local tourist attractions. It was evident people's circle of support had grown from this experience building their confidence and self-worth giving them a real community presence.
- A member of staff described to us how they had supported a person in a local café. They were now slowly withdrawing their support because the person was doing so well. Another person had been supported to liaise with the local gym to set up a group for people with disabilities called cross fit. Staff said this had been positive not only for the person in respect of keeping fit and well but had helped others.
- People told us about their busy social lives, filled with activities such as going to the gym, going to church, attending a local disco, doing Zumba, horse riding and going on holidays. Some people were also supported to attend college and day care centres. They told us about the friends they had met. For example, out of the football group two people now met up regularly to do other social activities together.
- Social groups and activities had been set up in areas where people lived including Nailsworth, Weston Super Mare and Clevedon. Activities included cooking, arts and crafts and coffee mornings. The main office had an area set aside as a hub for people to meet up for social events and various other activities. It was equipped with a pool table and other activities that people may enjoy.

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

- People's preferences, choices and aspirations continued to be at the centre of their support plan. Staff met with people regularly to discuss and plan their care and support. This information and any changes requested was reflected in people's care plans to ensure staff had access to the most up to date information.
- Support plans focused on what was important to people to lead a fulfilling life. They contained detailed information on the support people required from staff to help them meet their goals and aspirations. The registered manager and staff spoke of the importance of supporting people to take positive risks safely. They gave examples of activities people had been supported to take part in such as rock climbing, safe on-

line dating and accessing a wide range of activities independently or with staff support. There was no discrimination.

- From talking with staff, it was evident the registered manager was very responsive in supporting people and their families ensuring people received the care they needed. This included working with the local authority. We were told that one person's hours were being reduced significantly putting them at risk. The registered manager worked closely with a specialist organisation and the family and the support hours for the person was reinstated meaning the person continued to receive the vital support they needed reducing their vulnerability.
- There were lots of positive examples of how staff had supported people to meet their own personal goals and have new opportunities. This included people being supported to develop close links with their local community, build on their hobbies and interests, develop friendships and learn new skills. A small group of people were involved in arts and crafts on the day of the inspection in the hub (main office). Staff were supporting people to use cutting equipment safely to enable them to make a mosaic. There was a healthy banter between people and staff whilst they were learning new skills.
- It was evident the service listened to people. For example, a member of staff and a person who both had a keen interest in football had been supported to set up a football club. Weekly meetings were arranged for likeminded people who now play in a team. From conversations it was evident the skills they had learnt have helped in everyday life and friendships had nurtured naturally outside of the group.
- Staff were creative and innovative in the way they supported people when learning new skills as part of their agreed care plan. For example, a member of staff completed a course to enable them to support people to attend a centre that creates scenarios in a safe environment such as road safety, daily living skills and fire awareness. We heard how one person could now independently and safely access the community because of their increased knowledge in road safety. Another person learnt about the risks of fire safety in the home especially when cooking. The person now helps with fire safety within the service they live. It was evident the member of staff had been creative in finding ways to respond to people's needs increasing their independence, confidence and achieving their aspirations.
- Staff were creative in empowering people to take control over their wellbeing. This included using technology that benefited people such as a specialist scanner for diabetes. This meant the person could complete this themselves as the equipment was diagnostic and helped them to monitor their blood sugars. Staff had been proactive in sourcing the equipment and the funding. This person now had a greater understanding of their health condition and what they needed to do to keep well.
- Another person was supported to use an electronic monitoring system for fitness. This worked particularly well for this person as they were interested in numbers and the equipment motivated the person to improve their physical wellbeing. This showed a very person-centred approach showing the staff knew the person very well. Since the introduction of the technology the person had lost considerable amount of weight was now exercising daily and accessing the community far more than they did before the weight loss.

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 understood and met. People's support plans detailed their communication needs and provided guidance on how people communicated effectively. For example, using key words, pictures, written words, symbols and gestures.
- Information had been developed to ensure it was accessible to people using the service. Information was in a variety of formats such as pictures and easy read. Policies relating to safeguarding and complaints were in easy read format to support people to understand actions they could take to keep themselves safe and

raise concerns should they have any.

- Care plans included photographs and care reviews were in an accessible format such as diagrams and pictures to enable people to participate in the process.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place which recorded the nature of the complaint and the steps taken to resolve with the outcome. Complaints had been investigated thoroughly.
- People and relatives were aware of the complaints process and felt confident to raise any concerns. One person told us how they had emailed the office with a concern and this had been addressed straight away. A relative said, "We have had minor concerns which the support staff have responded too". They said they would go directly to the staff team rather than the management in the first instance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

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

- The registered manager and the staff were passionate and committed to providing a truly person-centred service which had been fully embedded into the culture. People were considered first, they were empowered to make choices about how they wanted to live and try new experiences which had built on their self-esteem enabling them to build friendships and be part of their local community.
- Staff that had special interests such as in football, arts and crafts were supported to promote these skills to benefit of the people they were supporting. These staff had obtained funding from a charity enabling small weekly group sessions to take place. Another member of staff had suggested a breakfast club, and this was being explored and supported by the management team. It was evident the management were supportive and listened to staff and people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the senior management team were clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe.
- Staff were aware of the importance of involving and updating people's families. Relatives told us there was good communication from staff that directly supported their loved one and the management team.

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

- Quality assurance systems were in place and used effectively to monitor the service and support in place for people. Regular spot checks and care reviews were in place to ensure high standards of care were met and maintained.
- There were clear lines of responsibility and accountability within the service. Staff understood their role within the organisation and where to go to for advice and support. All the staff that we spoke with had confidence in the management team and were positive about the support and encouragement they provided.
- There was a visible and cohesive management team at the service. The registered manager was supported by the provider's representative who visited the service regularly. As the service grew an

additional service manager had been recruited to ensure clear lines of communication continued and support in place for people, their relatives and staff.

- People, and staff told us they saw the registered manager often. A member of staff told us the registered manager meets with them regularly and attends monthly meetings about their particular service.

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

- The registered manager and office staff had an open-door policy and all senior staff worked alongside the staff team to deliver care. Throughout the inspection we saw people interacting positively with all staff and management. It was evident the management team knew people well and fully understood how people needed to be supported.

- The service had developed a 'hub' in the main office where people could meet with others using the service. People and staff frequently visited the office where activities were organised.

- The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, quality assurance spot checks, and an annual survey.

- Feedback from annual satisfaction surveys were compared year on year to establish trends. Any feedback given by people, their family or staff was acted upon and improvements made to service provision.

- The registered manager was confident to involve or challenge other professionals to ensure people received high-quality care and support. They gave examples of where a person's hours were being cut which would have put the person in an unsafe position. They had worked with the family and the local authority to ensure the person continued to receive the support they needed sign posting family to other organisations that could help.

Continuous learning and improving care

- The registered manager empowered staff and encouraged their professional development. Staff had the opportunity to progress within the organisation. Staff were being trained to take on more senior roles.

- The management team were proactive in making improvements for example the opportunities that were open for people such as employment, social events and activities.

- The provider celebrated achievements by providing awards for staff who went above and beyond in supporting people.

- The registered manager had built up links with the local college to enable students studying a quality in health and social care to complete placements. Feedback was positive in developing a new workforce.

Working in partnership with others

- The registered manager demonstrated they were very much part of the local community and were actively involved in building further links, fundraising and raising awareness for issues affecting people who used the service. They had built links with many of the local businesses where people were either working in a paid capacity or as a volunteer.

- The service provided group activities that were available to people with a learning disability and the wider community not necessarily people that were receiving a service from United Response.

- The registered manager had signed up to several initiatives such as the dignity champion role, they were also a care ambassador and attended provider forums with the local authority networking with other social care providers.

- The main office which was situated in Nailsworth was also part of the 'safe places' network, which meant if a vulnerable person was concerned about their safety, they could seek refuge and support from the staff.

This was in partnership with the local authority and the police.

