Linkage Community Trust

Community Support Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Community support is a service providing personal care for people in their own homes or supported living accommodation in multiple locations across Lincolnshire. At the time of the inspection 49 People were receiving personal care.

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.

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

Right Support
The service supported people to have the maximum possible choice, be independent and have control over their own lives. However, staff did not always demonstrate best practice around documentation of assessment of mental capacity to show the least restrictive options had been undertaken when people were supported with decisions.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests, aspirations and goals.

People living both in a supported living environment or their own homes had a choice about their living environment and how they personalised their homes.

The service made reasonable adjustments for people so they could be fully included in discussions about how they received support, including support to travel wherever they needed to go.

Staff enabled people to access specialist health and social care support in the community. Where needed people were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome. They were supported to play an active role in maintaining their own health and wellbeing.

Staff communicated with people in ways that met their needs.

Right care
Although in some areas of the service people's care plans had not been reviewed to ensure they still reflected people's needs, most people's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
The service did not always have enough appropriately skilled staff to meet people's needs. However, the provider had consistently worked to address the staffing issues at the service and worked proactively to recruit appropriately skilled staff.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. this included people who had individual ways of communicating, using body language, sounds and Makaton (a form of sign language), pictures and symbols, so they could interact comfortably with staff.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture
The COVID 19 pandemic had a negative impact on staffing and the provider continued to work to address this. They had worked to restructure the service to ensure people were supported by staff who knew and understood them well, and were responsive, supporting people's aspirations to live a quality life of their choosing.

Although there had been a large number of anonymous whistle blowers about the service. All the concerns were investigated by the provider and their quality monitoring team. Where necessary actions had been taken to protect people. The culture of the management team was open, and they continued to work to ensure closed cultures which could impact on people's quality of life at the service did not develop.

We saw in some areas staff evaluated the quality of support provided to people, involving the person and those important to them, including advocates, to be involved in planning their care.
There were some areas of the service where this process required some improvement. The provider was aware of this and was working to address the issue.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The changes to the management team and structure of the service was beginning to show a positive impact on people's lives.

Staff ensured risks of a closed culture were minimised so that people received support based on

transparency, respect and inclusivity.

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

The last rating for this service was Good (published 21 April 2021).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support Right care Right culture. The inspection was prompted in part due to concerns received about allegations of abuse, staffing and management culture. A decision was made for us to inspect and examine those risks.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our caring findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Community Support Services

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
Three Inspectors, and two Experts by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in a number of 'supported living' settings, as well as in their own homes, 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.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, a manager was in the process of applying for the post and following the inspection was registered with the Care Quality Commission. There was a nominated individual for the service, the nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 5 April 2022 and ended on 26 May 2022 We visited the office locations on 5,6,11 April and 9 May 2022.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We communicated with nine people who used the service and 13 relatives about their experience of the care provided. All the people we spoke with were able to verbally communicate with us.

We spoke with 25 members of staff including, the nominated individual. We spoke with three operations manager, three managers, a deputy manager, a member of the quality monitoring team and 16 support workers.

We reviewed a range of records. This included 12 people's care records and four medication records. We looked at nine 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 looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Requires Improvement

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- There had been a large number of anonymous whistle blowers to CQC in the last year. All the concerns raised were shared with the provider and the local safeguarding teams. They were robustly investigated and where substantiated, action was taken. During our inspection period we ensured all staff had the opportunity to speak with us confidentially by telephone as well as speaking to some staff in the different areas. Of the staff who agreed, one member of staff raised a safeguarding concern. This was discussed with the provider, it was further investigated and addressed.
- People we spoke with felt safe with the staff who supported them. One person told us they were happier now and had people around to talk to, staff checked up on them to make sure they were ok. The interactions we saw between staff and people were warm and positive.
- People told us they knew who to contact if they had a concern about their safety and staff were helpful and responsive.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The staff we spoke with were able to discuss the types of abuse people may be exposed to and the processes they should undertake if they found any concerns.
- The provider was also proactive in learning from events. When required they had reviewed and updated policies and protocols to provide staff with clear guidance. They had targeted specific areas of training and introduced initiatives to support staff. Such as posters reminding staff of professional boundaries and a new whistle blowing process to make it easier for staff to report concerns without fear of repercussion.

Assessing risk, safety monitoring and management

- Wherever possible people were involved in managing risks to themselves and in taking decisions about how to keep safe. The service covered several locations. People were provided with the level of support they required in their homes and the community. For example, some people were able to access the community independently, and others needed support. The risks were individually assessed to support positive risk taking safely.
- In supported living locations staff managed the safety of the living environment and equipment well through checks and action to minimise risk. For example, we saw clear fire evacuation processes and regular checks of fire safety equipment. People had personal emergency evacuation profiles (PEEPs) in place providing guidance for staff on how to support them should there be a fire.

Staffing and recruitment

- There were enough staff to ensure people's safety and meet their needs. People, their relatives and staff told us there had been inconsistency in providing enough staff. However, we found this had not impacted

on people receiving safe care as, when there were staff shortages, the management team worked to ensure people's needs were always met.

● The provider told us the COVID 19 pandemic had a negative impact on staffing. They worked with people and staff to ensure safe support was always in place for people. They had put initiatives in place such as safely redeploying of staff where needed using a hub working model. This allowed them to manage staff across their supported living areas so safe staffing numbers were maintained.

● People told us the staff who supported them knew how to consider their individual needs, wishes and goals. One person told us although there were times when they needed to wait for care, when staff supported them, they did so in the way the person wanted.

● The provider had worked with the local authority in an open way to ensure where they had not been able to provide the contracted hours people were not charged for them.

● Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff told us they shadowed more experienced members of staff when they started work so they got to know people. More recently the provider had increased staff wages and had put a full-time recruitment manager in post to work solely on improving recruitment across the service.

Using medicines safely

● The majority of people's medicines were managed safely. Medicines records were completed to demonstrate people had received their medicines as prescribed. We found one person's medicine record had not been completed accurately or checked. We raised this with the area management team who told us they would take action to address this.

● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

● People received support from staff to make their own decisions about medicines wherever possible. People's support plans showed what support people needed when they managed their own medicines and when and how staff should provide extra support where needed.

● People could take their medicines in private when appropriate and safe. Some people were supported in their own homes and other people who lived in supported living had designated times and places of their choosing to support them take their medicines.

Preventing and controlling infection

● Staff supported people in their own homes or in supported living locations. They encouraged people to follow good hygiene practices and wore personal protective equipment (PPE) when providing personal care for people. Staff told us they had received up to date training on infection prevention and had access to PPE when they needed it.

Requires Improvement

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.
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.

Care at home services
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.
- People's rights under the mental capacity act were upheld. However, some improvements were required to records to ensure consistent staff practice.
- Overall people were supported to make decisions and where people lacked capacity to make decisions staff had complied with the MCA in assessing their capacity and making best interest decisions.
- One person's records contained contradictory information about their capacity to make decisions. Although staff told us the person was supported to make their own decisions, this posed a risk of inconsistent support. The provider accepted more work was required on the documentation of mental capacity assessments and told us they would address this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The quality of information and collaboration between people around their care needs varied. For example, we saw care plans for people being supported in one location had contradictory information and had not been reviewed on a regular basis to ensure the information was still relevant to the person. However, in other locations people's care plans were personalised, holistic, reflected their needs, and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- The provider worked in line with the protected characteristics under the Equality Act to support people make care and support decisions. This included using easy read documents, sign language or clear plain language that people understood to ensure their views on their care were heard. We spoke with people from different areas who received care and they all told us they were involved and had input into their care plans.

Staff support: induction, training, skills and experience

● People were supported by staff who had received relevant training in evidence-based practice. This included training in the strengths and impairments people with a learning disability and or autistic people may have, such as autism awareness, mental health needs, communication tools and positive behaviour support.

● The training matrix showed some staff training was not up to date, the provider had a plan in place to address this and most staff were in the process of undertaking refresher training. We did not find this impacted upon staff knowledge or practice.

● The majority of staff were supported with supervision. Although there were some staff in some areas of the service who had not had regular supervision recently. However, one member of staff who told us they had not had supervision recently also told us they would feel able to approach their manager if they had any areas they wished to discuss. Another member of staff told us their support through supervision had improved recently with the changes in managers at their location.

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

● People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in shopping, preparing and cooking their own meals in their preferred way. Where people lived in their own homes' calls were planned to support people at the appropriate times. One relative told us their family member was not able to cook but was always supported to help with the preparation of their meals.

● People were supported and encouraged to have a healthy diet and there was information in people's care plans about specific support they needed to make healthy choices. However, during our visit we found some care plans required more information on people's special dietary needs. Following our visit, the provider addressed this and sent us information to show how this had been improved.

Supporting people to live healthier lives, access healthcare services and support

● People played an active role in maintaining their own health and wellbeing. Relatives told us staff supported people when this was required and kept them informed to ensure people were well supported.

● People were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, people with any long-term health issues were supported to have regular check-ups with the relevant health professional. Where necessary people told us, they were supported to attend appointments.

● When a person became ill, staff supported the person and ensured relatives were kept informed. One relative told us how staff supported their family member when they contracted COVID 19 and gave the relative regular updates on their family member's progress.

Good

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 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

- Staff members showed warmth and respect when interacting with people. There were several positive examples at all the locations we visited of people being treated with warmth and respect. People knew staff well and interacted with confidence when engaging with them.
- There were positive examples of how people's diverse needs were supported. The provider actively promoted meeting people's equality and diversity needs. For example, one person received person-centred support to follow their religious beliefs. The person's care plans documented their beliefs and the support they needed to meet their religious commitments in areas such as meal planning. The person received support from a member of staff, which promoted the person being able to attend to their religious obligations and making sure the person's needs were understood and celebrated by the whole staff team.
- Staff were patient and used appropriate styles of interaction with people. For example, in one supported living location different approaches were used to support people. One person needed a higher level of support and guidance when they returned from attending day centre activities, whereas other people preferred their own space. Staff knew people well and provided the level of support the individuals needed throughout the day.

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

- People, and those important to them, took part in making decisions , planning of their care and risk assessments. One relative told us they had gone through their family member's package of care with staff, they had been especially pleased to see how the person was supported by staff to voice their opinions about the care they wanted.
- People were given time to listen, process information and respond to staff and other professionals. There was information in care plans on the support individuals needed to ensure their voices were heard. One person told us staff listened to them and helped them to understand information when discussing their care with them.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.

Respecting and promoting people's privacy, dignity and independence

- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. There were a variety of supported living arrangements which were tailored to individual's needs and supported people's independence.
- People had the opportunity to try new experiences, develop new skills and gain independence. One

person told us they used to need support with cooking, but staff had helped them develop their skills, and were able to cook for themselves now. One relative told us their family member enjoyed undertaking social activities in the community.

● Staff routinely sought paid or voluntary work for the people they supported along with leisure activities to widen people's social circles. People told us of work they undertook in the community and staff had supported them to gain independence with public transport. Other people attended colleges. One person said, "I have a good life, I don't miss out."

Good

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

- The information in people's care plans varied at different locations. Some information was contradictory and had not been reviewed to ensure it was still relevant to people's needs. This meant staff may not always be following the most up to date information on people's care needs. The provider was aware of the need to review and update the care plans and had a plan in place to achieve this. Following our inspection, they sent information to show the work they had undertaken to improve the care plans.
- However, at other locations care plans provided staff with detailed information on people's care needs with clear strategies in place to support people in the way best suited to them. For example, one person's care plan had clear information on their ability to make day to day decisions about their routines and choices, but who supported the person with more complex decisions.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. A relative told us their family member had, through careful planning, been supported by staff to achieve greater independence in their life. This had resulted in the person attending events they previously would not have had the confidence to attend.

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.

- Staff ensured people had access to information in formats they could understand. There was a range of tools used to support people such as easy read posters, the use of hearing aids, larger print and pictures. One person told us they were able to access and read their care plan. They said at first staff had put it in easy read format, they found they didn't need that, just slightly larger print. They worked with staff, so the care plan was written in their choice of format.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. People who lived in the community were supported to go to social events such as exercise classes, concerts, art classes or, both paid and voluntary employment.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/ skype/ social media. There was clear information in people's care plans about who were important to them and how to support the person stay in contact with them.

● Staff in some areas said a shortage of staff who could drive impacted on people who had their own cars as part of their package of care. The provider was aware of this and continued to work to employ suitable staff who could drive. However, the provider had supported people using other forms of transport to enable them to attend social events.

Improving care quality in response to complaints or concerns

● People, and those important to them, could raise concerns and complaints easily, staff supported them to do so. One relative told us they had raised a formal complaint to the management team which was being dealt with. Another person told us they had raised complaints in the past and these had been addressed. They said they were a lot happier with the service as a result.

● The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. The provider's quality monitoring team had recently set up a regular meeting for managers of the different locations to ensure the correct processes were followed when dealing with concerns or complaints to affect good outcomes and improvement in the quality of service for people.

End of life care and support

● People and their families were given opportunities to discuss their end of life wishes and the provider had an easy read booklet available for people as well as giving people access to their speech and language team to support any conversations. However, the provider told us very few people and their relatives wished to engage in conversations about advanced care planning. They continued to review people's circumstances and offer the support to people.

Requires Improvement

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 deteriorated to Requires improvement: This meant the service management was inconsistent and further work was required to improve oversight.

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

- The quality monitoring processes were not always robust. The service provides support to people across Lincolnshire and there had been numerous management changes. This had impacted on the provider's ability to retain a good oversight of this large service, which had resulted in the oversight of quality audits in areas such as medicines and care plans being intermittent.
- Since our last inspection the provider had been through a significant change in their management team and staffing structure. These changes along with the COVID 19 pandemic had impacted on staff morale and had brought challenges for managers of the different locations. The provider had employed a new quality assurance manager who was working to streamline the quality assurance processes to improve oversight of the services.
- The provider had already identified the majority of issues cited in this report prior to inspection. They were in the process of addressing the concerns, but more time was needed to embed and sustain these improvements.
- However, the senior management team had worked hard to build a strong management team. Managers felt supported by the provider, we spoke to several managers who told us they were able to discuss concerns with the senior managers.

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

- The provider worked to involve and engage with people and their relatives, however, the feedback we got from relatives was mixed. Some relatives we spoke with felt there needed to be improvements in the way changes to their relatives' care was relayed to them. For example, one relative said, "Lately I feel uncomfortable, more communication would be nice. [Family member] tells me staff are leaving but managers don't. No one answers the phone." However other relatives gave positive feedback about their engagement with the managers of the service.
- The provider worked to involve and engage with staff. However again the feedback from staff was mixed. Some staff said they felt undervalued by managers. One member of staff said communication was, "A bit rubbish. If you ring the on call (manager) you may have to leave a message, or you don't get an answer at all. Can't get through to the office and emails don't always get answered." Other members of staff were more positive and told us things had been difficult with COVID 19 and changes to managers, but they felt things had recently improved.
- The provider was aware of concerns around the changes in the staffing and management structure. They

had put in several initiatives to address them. As cited in safe they had introduced a confidential Whistle Blowing process ensuring all staff were aware of the process. They conducted meetings with staff about the changes, sent out regular emails and updates to keep staff informed. Some staff shared they recognised the efforts of the management team. One member of staff told us they had asked for a meeting with the nominated individual and they had arranged this to address the concerns staff had.

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

● Management and staff put people's needs and wishes at the heart of everything they did. People's care was based on their individual needs, some people required support shopping, with finance or managing medicines. Others required help with prepping meals or support with personal care. As mentioned elsewhere in this report some care plans required some updating, but in all care plans the support people received around promoting their independence was clear, from using public transport to working in local jobs, people's care plans promoted their individual independence.

● The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. For example, one person had been supported to take part in a major international sporting event.

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 provider understood their responsibility in being open and honest about issues or concerns raised to them. Throughout the COVID 19 pandemic they had sometimes struggled to provide the level of support people needed, but they had been open with the local authority teams about what they had not been able to provide.

● The provider had fulfilled their legal responsibilities to CQC and reported on events at the service. Where we had asked for information or highlighted any issues to them the provider had been open and candid in their responses, they worked to address concerns and improve the service.

Continuous learning and improving care

● The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider had worked through a difficult period during the COVID 19 pandemic. But they continue to strive to improve their service. They had not been afraid to embrace new technology to improve their systems and processes, restructure their service to improve oversight and the care for people who used it.

Working in partnership with others

● The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. Although no one at the service required the services of an advocate, the provider told us they had used these services in the past to support people.