

Advance Housing and Support Ltd

Advance Dorset

Inspection report

Peartree Business Centre
Cobham Road, Ferndown Industrial Estate
Wimborne
Dorset
BH21 7PT

Tel: 01202871714

Date of inspection visit:
15 January 2019
16 January 2019

Date of publication:
22 February 2019

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

The inspection took place on 15 January 2019 and was announced. The inspection continued on 16 January 2019 and was again announced.

This service provides care and support to people living in six 'supported living' settings, 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 is registered to provide personal care. At the time of inspection the service was supporting nine people with learning disabilities and autistic spectrum disorder.

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

The service had two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures, or behaviours which may challenge the service, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

Where possible people had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People's eating and drinking preferences were understood and their dietary needs were met. Opportunities to work in partnership with other organisations such as community learning disability teams took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and

control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the interactions observed between people and staff were relaxed, encouraging and engaging. People were supported to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. People were set realistic goals which proved to have had positive outcomes in the health and wellbeing. A complaints process was in place. People and families felt listened to and actions were taken if they raised concerns.

The service had an open and positive culture. Leadership was visible and promoted good teamwork. Staff spoke highly about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Advance Dorset

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 15 January 2019 and was announced. The inspection continued 16 January 2019 and was again announced. We gave the service 48 hours' notice of the inspection site visits because so that consent could be sought and arrangements made for home visits. Both days were carried out by a single inspector. On Friday 18 January 2019 an Expert by Experience made telephone calls to family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We did not request a Provider Information Return. This is information providers send us at least once annually 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 spoke with four people who used the service. We received feedback from two relatives and two health and social care professionals via telephone.

We spoke with the registered managers and four service managers. We met with four support staff and a senior carer. We reviewed four people's care files, three Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We visited four people in their own flats and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Advance Dorset was a safe service. People's comments included; "I feel safe here because I don't have to let anyone in I don't want to. I'm happy here. Staff look after me", "I feel safe in my flat. Staff are very good and nice" and "I'm safe here". A relative told us, "[Name] looks on it as their home always". Another relative told us, "I just know [name] is in the right place and as happy as they could possibly be". A professional commented, "I believe people are safe". Staff were confident people were safe and told us that systems were in place to ensure safety. For example, doors to flats were secure, policies were in place, risk assessments had been completed and care plans were clear.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks people faced and the measures that were in place to mitigate them. A relative said, "Risks are managed well by the staff". Specific risk assessments were in place for each person. Where people had been assessed as being at risk of choking or seizures assessments showed measures were taken to discreetly monitor the person and manage risk. In addition to risk assessments for people, the home had general risk assessments which covered areas such as using their own kitchens and access in the community.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour charts were completed by staff; these detailed what happened before an event, during an event, what preventative actions were taken and then recorded any learning. These were then monitored and analysed.

We found that Advance Dorset had good working relations with the local learning disability teams and came together with them, the person (where possible) and family in response to changes in people's needs and/or a scheduled review. The support people had received from staff had had a positive impact on their lives and had meant that they could access the community more frequently. A relative told us, "[name] can be very difficult at times but they [staff] seem to know how to calm [name] gently. [Name] has a system for rewards, of stickers. This helps them understand boundaries, and when they earn a number of stickers [name] can choose a treat, like going out to a live show. This works very well".

Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. The registered manager told us that there was an organisational safeguarding panel which reviews all active safeguarding's, investigations and outcomes. This ensured there was organisational oversight and learning. Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take appropriate action. Accident and incident records were all recorded on an online system which allowed the registered managers to be notified and have oversight for weekly analysis and following up on actions taken as necessary. The system allowed for lessons learned to be recorded, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. The registered managers told us they felt the system worked well.

There were enough staff on duty to meet people's needs. A person told us, "There are enough staff. Some new staff recently, they are nice". Staff feedback included; "I feel there are defiantly enough staff to support people" and, "There are enough staff to deliver hours and we have a good staff team, we work well together". People's staffing hours were assessed as part of their pre-admission assessments. The registered manager told us they regularly reviewed this and both increased and decreased staffing levels in response to changes in need and/or behaviour.

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as evidence of conduct in previous employment and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice. The service had safe arrangements for the ordering, disposal of medicines. Medicines were stored securely in people's own flats. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. Medicine Administration Records (MAR) were completed and audited appropriately.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. People were encouraged to keep their own flats clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the buildings we visited and staff had access to personal protective equipment (PPE) such as disposable gloves. Staff could discuss their responsibilities in relation to infection control and hygiene.

Is the service effective?

Our findings

Advance Dorset was an effective service. There was a clear referral and admissions process in place which ensured that people received pre-admission assessments and effective person-centred support during transition between services. People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. A person said, "Before moving here I received an assessment. Staff asked me what my likes, dislikes, needs and preferences were. This was added to my care plan". One relative said, "I am very, very pleased – when [name] moved in their flat was quite empty. [Name] was taken to choose every single item they needed and wanted for their home". The relative went on to say, "To see her so happy, and more confident, it has exceeded all my hopes, she is a different person, it's all so positive". A social care professional said, "The transition process was really well planned and has led to positive outcomes".

We were told that change makes one person become anxious and distressed. To support them effectively during their admission the service ensured that they decorated the person's flat the same colours and collected their belongings from their previous placement whilst the person was on route. With this the staff also made sure that the person's belongings arrived and were set up in the same way before the person arrived in their new flat. This demonstrated that services worked collaboratively together and arrangements were made to reflect the person's preferences.

The registered manager told us that Advance Dorset worked with advanced technology providers to enable people to maximise their independence and privacy through the use of technology. For example, we were told that staff had found a creative solution for one person who was unwilling to wear a falls bracelet. Staff had changed this to a clipped broach and personalised it with a picture of her favourite soft toy to support them to accept it.

People had access to health care services as and when needed. The registered manager told us, "Staff have good relationships with the learning disability, intensive support teams and other health professionals". Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; a community learning disability nurse, GP and dentist. We found that people with more complex communication needs were supported to understand health visits through use of social stories. These were created by the service and included real life photos of the person, staff supporting them, place they were visiting, reason for attending and professional they were seeing. This demonstrated a creative and effective way of providing health information to people whose preferred method of communication is not verbal.

The service worked in partnership with local GPs and psychiatrists to regularly review medicines in line with Stopping Over Medication of People with learning disability, autism or both (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. The registered manager told us, "After transition to Advance Dorset people have been supported to a review to reduce their medication as incidents of

challenging behaviour have significantly reduced and medication prescribed is no longer required".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Some people using Advance Dorset services were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. Mental capacity assessments and best interest paperwork was in place which covered many areas of care. For example, positive behaviour plans, delivery of personal care and access to the community. Professionals, families and the service were involved in these decisions.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In supported living settings application procedures called the Deprivation of Liberty Safeguards (DoLS) must be made to the Court of Protection. The registered manager confirmed that two people had authorised DoLS in place. We found that the service was complying with these Court Orders.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "The training is good here. We do on line and classroom. It's informative and practical. I recently did mental health first aid, this gave me an awareness and differed from usual first aid as it looked at other things like reassurance and depression". Records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; communication, challenging behaviour, epilepsy and learning disability and mental health.

The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to. A staff member said, "We have 1:1's every three months. They are useful. Allow us to reflect on how I am doing, people's goals and my wellbeing".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A new staff member said, "The induction is good. There is lots of reading. The company training is really good. in the 11 years I have worked in this sector it is probably the best company I have worked for in terms of looking after people and staff". Another staff member told us, "My induction was really good. I completed shadow shifts and completed the care certificate".

People were supported with their own shopping, cooking and preparation of meals in their homes. Staff understood people's dietary needs and ensured that people had an awareness of these and that they were met. During people's support hours staff actively supported them to create menu's and shopping lists in their preferred method of communication. Some of these were pictorial and others written. People were involved in preparing their meals. Menus reflected a good choice of healthy home cooked meals. A person told us, "I can choose what I want to cook and when. I do my own cooking too. Spaghetti bolognese is my favourite". A relative said, "[Name] is diabetic and they [staff] take good care of that".

Is the service caring?

Our findings

People, professionals and relatives told us staff were kind and caring. People told us; "Staff are brilliant because they are helpful", "Staff are very good and kind" and "Staff care about me". A relative told us, "[Name] has a practical mind, and feels relaxed with staff". Another relative said, "They [staff] are very sensitive to my loved one's needs". A professional said, "Staff are kind and caring in their approach".

During the inspection there was a calm and welcoming atmosphere in people's homes. We observed staff interacting with people in a caring and compassionate manner. People felt their care was good. A person said, "I am happy with my care here". Another person told us, "I think my care is good, if I ever need anything staff come to help. I can call them using my phone".

People were treated with respect. A person said, "I'm treated with respect and staff respect my privacy too". We observed staff knocking on people's front doors before entering and not sharing personal information about people inappropriately. Flats were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A person said, "I am proud of my flat. I chose everything. It is how I want it". A relative told us, "They [staff] allow my loved one to have his room how he likes it".

Promoting independence was important to staff and supported people to live fulfilled lives. A staff member said, "Independence is important and the foundation of a good quality of life. We support people to be as independent as possible". A person told us that before receiving support from Advance Dorset they used to rely on their relatives to do tasks and shopping for them. Since moving into their flat they said that they now do these for themselves which gives them a sense of purpose and pride. A relative said, "The staff involve her in every aspect of her life and care".

People using the service used various methods of communication and these were understood, respected and used by staff. Methods of communication included, sign language, key word speech, written text, photos and observation. People had personalised communication support plans in place which clearly demonstrated people's preferred methods of communication. We observed staff using these communication preferences throughout the inspection with people to aid and enable them to be as independent as possible and make choices and decisions for themselves. A staff member said, "People have different communication needs and we work with these". A relative told us, "I'm really impressed with how they support [name] using visual communication".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. On day one of our inspection we observed a relative visiting a person in their flat. We were told that some people enjoyed celebrating Christmas with their families at their family home. We read that one person enjoyed online video conversations with their father and meeting with their brother and father regularly. Staff were aware of who was important to the people using the service including family, friends and other people. A relative said, "Staff carefully observe [names] interest in a young man in a wheelchair at the club they like going to. [Name] is developing a friendship, tactfully supervised". Recently

people had requested more information about relationships and sexuality. The service had arranged for an external speaker to come in and discuss areas such as consent, rights to express, the meaning of sex, sexuality and relationships whilst also sign post people to further information. Following this a visual information leaflet was developed by people using the service and staff and given to people who were supported by Advance Dorset.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. We were told that no one at the home had a practicing faith but the registered manager said they would always respect individual beliefs and meet these needs.

Advance Dorset had received a number of compliments and thank yous from different people, relatives and professionals. A person had written, "I would like to say a big thank you for all you do for me". A professional had written, "I work with a lot of different staff members across many organisations and from day one of meeting [staff members name] they left a positive and memorable impression on me. [Staff members name's] knowledge and understanding of the different individuals they work with is exceptional. A real credit to your organisation". A relative had written, "I am surprising pleased with the support that my loved one has been receiving since moving to their flat and being supported by Advance. The ongoing care and support that myself and [person's name] have received since the move has been outstanding".

Is the service responsive?

Our findings

Advance Dorset were responsive to people and their changing needs. A relative told us, "They will always let me know if there are changes". Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff. A staff member told us, "Person centred means being specific to people based on their wishes, needs, likes and interests. All care is based around people and care plans are person centred". A health professional said, "The service works very well with people and all staff are very person centred". We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, goals, their individual interests and their ability to make decisions about their day to day lives.

The registered managers and service managers alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. We found that reflective team meetings took place. These covered areas such as changes to people's needs, behaviours and captured positive moments with people. A staff member said, "We respond to people's changing needs and discuss them as a team". A social care professional told us, "The service is keen to review people's needs and are very proactive in achieving these".

Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. We read that due to one person's understanding a review report would be hard for them to understand. In response to this the service had supported the person to create a visual evidence book which used key words to list goals, photos to evidence their achievement and happy or sad faces to reflect whether they enjoyed achieving the goal or not. Goals evidenced included; haircuts, making pizza, attending the cinema, swimming, visiting a theme park and going on a ferry. These had happy faces attached to them. We found that one goal however had a sad face; bowling. We were told that this goal would not be continued again. In addition to these goals we read that the service had worked hard with the person to arrange British citizenship and that this had been achieved. Their next goal was to obtain a British passport and have an opportunity to visit family in their home country.

People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping and swimming. A staff member told us, "We support people to access the community as often as possible". People had visual timetable displayed in their flats to aid them in planning for the week ahead and understand what they were doing. We read one person's "How to support me to have a good day" profile. This supported staff to deliver consistent care and meet the person's needs and preferences. For example, it told staff that the person had a visual Picture Exchange Communication (PECs) board which was important to them to know exactly what was

happening each day. It informed staff that the person likes to complete this with staff the night before.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments referred to people's communication needs, this information had been included in people's support plans where a need had been identified, communication, health and hospital passports were in place. These passports were used to share communication needs with others for example new staff and professionals.

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. A service manager told us, "EDHR is important to us all".

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A person said, "I would talk to staff if I'm not happy. No concerns at the moment". A relative told us, "I've never had any complaints". There was an easy read accessible version of the complaints procedure and a complaints booklet for people to complete should they feel a wish to.

Most people's end of life wishes had been explored by the service. We read one person's end of life plan which included; religion important to the person, whether they would like a burial or cremation and how they would like to be cared for when very ill or dying. One person had said that they would like to be showered, have make-up and jewellery on and be at home with family around them. However, on day one we found that one person who had required lifesaving surgery did not have an end of life plan in place. We raised this with the service manager who told us that due to concerns around the persons capacity it had been felt that the original plan was not appropriate and changes were needed to meet the person's needs and also the involvement of an advocate. On day two of the inspection we were shown that the service manager had met with the person and that the plan had been started.

Is the service well-led?

Our findings

Involving people in developing and improving the service was important to Advance Dorset. A service manager had worked with people to set up a people group called "Let's get together". This was a person led social and activity group where people who used Advance Dorset services were able to come together every six weeks and decide what topics and activities they would like to be part of. Recent events had included the arrangement of a Christmas party for people who use the service to come together. The group had organised a Christmas card competition where the winning card design would be produced and sent to everyone who used Advance Dorset service on behalf of the organisation. The group had also taken part in a summer fete and voted on a charity to fundraise for. Cakes were made and sold and decorations for the stand made. The service manager told us that the organisation have started to ask the group to be involved in reviewing organisational paperwork. The service manager said, "We hope to do more of this this year, it's something people enjoy doing and feel proud of".

The service had two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management structure was in the process of change in response to the service expanding. There were currently two registered managers for Advance Dorset. One was the area manager and the other was the locality manager. Two additional service managers had completed their registration applications and had interviews arranged with our registration inspector. The area manager told us that following successful registration of these two service managers they would look at applying to cancel their registration leaving three registered managers and two service managers.

Advance Dorset had clear values which were; Partnership, Respect, Innovation, Drive and Efficiency (PRIDE). We observed staff demonstrating these during our visits and speaking passionately during conversations with us. A service manager told us that they had started to cover one value during each staff meeting to get their team thinking how they demonstrate these and why they are important.

People, staff and relatives feedback on the management at the service was positive. A person said, "[Service manager name] is very nice. Helpful and they listen to me". Another person told us, "We have a lovely manager, they make me laugh. They are a good manager". Staff comments included; "[Service managers name] is the best manager I have had, very easy to approach. [Registered manager name] is friendly and good. [Area manager name] is very thorough when they visit and knows their stuff!", "I am supported very well by the registered managers. I like the way they work. We all share the same core values and have people at heart" and, "[Service managers name] is a good manager, very organised and knowledgeable". A relative said, "I am truly impressed with the management of all the staff". The registered manager told us that the provider was open and supportive.

Service managers felt supported by registered managers and were able to tell us how they demonstrated

good leadership. One service manager told us, "I have level 5 diploma in Adult Health Studies and believe I have the skills to be a good manager. I lead by example, am firm but fair, trustworthy and reliable". Another service manager said, "I have completed a management development programme and am currently completing my level five in Health and Social Care. I believe I am approachable, organised, enthusiastic and a problem solver". We observed the management putting their leadership skills into practice throughout the inspection. People and staff regularly approached them and appeared relaxed and comfortable in their presence.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The locality and area manager completed unannounced site visits and audited areas of care and support. Actions from audits fed into a service continuous improvement plan. These ensured that the service had a clear log of improvement actions taken which ensure the level of service was of a high quality. We were told that the organisations quality team complete annual 'Support Service Audits'. We read one locations which took place on 19 July 2018. This audit identified good practice and highlighted any actions. Areas of good practice identified included; 'people had clear ownership of their flats', 'management and staff worked well together'. One action identified was for risk assessments to be signed by all staff. We found that this action had been completed.

The service worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local learning disability teams and GP's to review people's needs in relation to medicines. One professional had fed back to the service saying; "Advance Housing Dorset are one of the most proactive and transparent providers I have worked with. They are positive about supporting people to achieve outcomes and genuinely promote independence". A social care professional said, "The management work well together and with us. They are also very receptive to guidance and willing to listen".

The registered managers and service managers understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They would fulfil these obligations where necessary through contact with families and people. Relatives told us that they felt the service was open and transparent.

We were told that people's feedback was collected through annual surveys. Where required people's responses had been followed up and actions taken. Families were also invited to give feedback through review meetings and the local surveys. Families views were taken into account and actions followed up.