

Alston Court

Alston Court Residential Home

Inspection report

6 Fluder Hill
Kingskerswell
Newton Abbot
Devon
TQ12 5JD

Tel: 01803873558

Date of inspection visit:

16 January 2020

17 January 2020

Date of publication:

18 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alston Court Residential Home is registered to provide personal care for up to 11 people with a learning disability. This may include people who may be living with autism, dementia and physical disability. At the time of the inspection, 11 people were in residence.

The home is a adapted family home, located in the village of Kingkerswell and not far from the town centre of Newton Abbott. It was registered before the Registering the Right Support good practice guidance was issued. However, the service has been developed in line with the principles and values that underpin the 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 a learning disability and /or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them. The fact that Alston Court is larger than current best practice does not impact upon the care people receive. People's experience of using this service and what we found

People were safe. Staff received safeguarding training and understood their responsibility to keep people safe. They were familiar with the reporting process to be followed if any safeguarding issues were raised. Any risks to people's health and welfare were well-managed. People were encouraged to be as independent as they were able, but plans were in place to mitigate risks so their independent activity was not compromised.

The number of staff on duty for each shift was sufficient to ensure each person's care and support needs were met. Staffing levels also took account of planned activities and people's needs when accessing the community. Pre-recruitment checks ensured new staff were employed safely. Checks included written references and a Disclosure and Barring Service check.

Medicines were well managed and administered by those staff who had been trained and were competent. People received their medicines as prescribed.

The assessment and care planning arrangements ensured each person's care and support needs were met. Staff received the training they needed to be able to carry out their role well and were supported by the management team and the provider. New staff completed an induction training programme. People were supported to access the healthcare services they needed to maintain good health.

People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them

in their best interests.

We have recommended that the management team and the provider increase their working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity

People were looked after by staff who were kind and friendly and listened to what they had to say. The staff team were fully committed to treating people who used the service as individuals. Each person received person-centred care and were included in making decisions, where possible about their daily life. Staff provided guidance to ensure safe decisions were made. The staff team were fully aware of each person's specific needs. People looked well cared for.

The service delivered to each person was responsive to their specific needs. Each person was encouraged to be involved in the preparation of their care plan and having a say in how they wanted to be looked after. Plans were adjusted as and when needed so new care needs were accounted for, or in recognition that people wanted to be looked after in a different way. The service would endeavour to continue looking after people who became very ill or had end of life care needs and had started to work with people about any end of life wishes. They achieved this working in conjunction with family and healthcare professionals.

People were supported to be as active as possible and do the social activities they liked. People were able to go out independently, or with staff support.

The service was well led. The registered manager and deputy had both worked at the service for many years and provided good leadership for the staff team. People were very much at the centre of all decision making. Their views and opinions were listened to and acted upon. The providers were both actively involved in the running of the service.

We have recommended that the provider implement a formal and recorded quality assurance system. This would ensure any shortfalls were identified and actions then taken to make the improvements required.

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

Rating at last inspection

The last rating for this service was Good (published 20 July 2017).

Why we inspected

This was a planned inspection based upon 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alston Court Residential Home

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

The inspection was carried out by one inspector.

Service and service type

Alston Court Residential Home (Alston Court) is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service short notice of our inspection because we wanted the provider or the registered manager to be available to support the inspection. We also wanted to be sure people were at home to speak with us.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send to give us 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 judgements in this report.

During the inspection

We spoke with four people who lived at the service and they told us in brief, about their life at Alston Court. Two people had gone out for the day before we arrived and did not return in time to meet with us. Because not everyone was able to tell us about the way they were looked after, we spent a period of time observing people, and the interactions they had with the staff team. We spoke with four members of staff and the registered manager. During our time at the home we were able to speak to one allied healthcare worker who was present. The day after our visit to the service we spoke with five families by telephone and received feedback from one other professional who was involved in the care of people. Comments have been included in the main body of the report. We looked at all 11 people's care records, staff training records, policies and procedures, complaints, audits and meeting notes.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ People were protected from being harmed because staff had received safeguarding training. Those staff we spoke with understood their responsibility to safeguard people.
- ☐ The registered manager and deputy had attended more in-depth safeguarding training with the local authority and understood their responsibility. At the time of this inspection there were no outstanding safeguarding concerns.
- ☐ New staff were recruited following safe procedures. This ensured only suitable staff were employed. We did not check staff recruitment procedures, but staff confirmed pre-employment checks had been completed. These included written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.
- ☐ The staffing numbers per shift were enough to ensure each person's care and support needs were met and planned activities, away from the home could be managed. On the day of inspection there were three staff on duty plus the registered manager.

Assessing risk, safety monitoring and management

- ☐ Since the last inspection the Fire Service had visited the service (September 2017). The provider had been required to address fire safety issues. A full fire risk assessment had been completed by an external professional and the fire alarm system had been updated as required.
- ☐ There was a programme of weekly and monthly fire safety checks in place and each person had a personal emergency evacuation plan written. These set out the level of support the person would require in the event of a fire and the need to evacuate the building. A copy of each plan was kept with the fire log.
- ☐ Other checks were completed to ensure the premises remained a safe place to live and work. They included hot and cold-water temperature checks, equipment and maintenance checks. The checks had all been completed as required.
- ☐ Risks to people's health and welfare were assessed and care plans put in place. Measures were taken to reduce or eliminate any risks. We saw plans in respect of skin care, moving and handling tasks, falls, nutrition and weight loss. The planned interventions by the care team were reviewed three monthly or more often as necessary.
- ☐ People were encouraged to be as independent as they were able. Where this meant they were able to go out independently, strategies were in place to ensure things did not go wrong. For example, where a person was going, time of return and having a card stating where they lived, was agreed before all outings.

Using medicines safely

- Medicines were managed safely. Those staff who administered medicines had completed safe administration training and been deemed competent.
- The processes for the ordering, receipt, storage and disposal of medicines was safe and in line with good practice.
- Medicine administration records were fully checked at each medicine round to ensure the record had been completed properly. If staff had omitted to sign records, this was picked up quickly and addressed. The registered manager would arrange additional staff supervision and re-training where necessary.

Preventing and controlling infection

- People lived in a home that was clean, tidy and free from any odours. The care team maintained the cleanliness of all areas of the home and completed laundry tasks. Those people who were able to, completed household and laundry tasks with as much support as they needed from the care team.
- Staff received infection control and food hygiene training. They had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.
- The environmental health officer had visited the service in May 2018 and awarded the full five stars.

Learning lessons when things go wrong

- Any falls or incidents that occurred involving people in the home were logged and reported to the registered manager or deputy. An accident record was completed detailing what had happened, what immediate action was taken and any follow up action.
- All records were reviewed to identify if there were any trends in the type of events. This enabled the care team to take appropriate action to help prevent any further events of the same type.

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 inspection has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ People were always encouraged to make choices regarding their daily lives despite having diminished mental capacity. We heard people being offered choices by the staff team, throughout our visit. People were asked to give consent before any care and support was delivered.
- ☐ Staff completed MCA and DoLS training as part of the provider's training programme and were able to demonstrate their awareness of consent issues.
- ☐ DoLS applications had been submitted to the local authority for each person and the registered manager and deputy had followed up with the council when these were to be processed. The one DoLS in place however had expired and a new application had not been made. This was addressed during the inspection.

We recommend the provider and registered manager improve their working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. This would ensure they put the requirements in to practice effectively and ensured people's human and legal rights were respected.

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

- ☐ The last person to take up residence at Alston Court had been in 2016. A pre-admission assessment would be undertaken prior to any new person taking up residence in the home. This would include introductory visits with the existing people and trial stays. This ensured any new person would be compatible with the others and the staff were able to meet their care and support needs.
- ☐ People played an active part in the assessment process, along with health and social care professionals

and family members.

- People's care and support needs were reviewed three-monthly, to ensure they continued to receive effective and person-centred care.

Staff support: induction, training, skills and experience

- New staff who had not already completed the Care Certificate would do this at the start of their employment. The Care Certificate is a set of national minimum standards all health and social care workers have to meet. For other new recruits the provider had a programme of induction training. Staff we spoke with confirmed they had completed this training.
- All other staff had regular update training to complete to ensure they maintained their knowledge and skills. A programme of Level two certificated training had been introduced. Examples of training completed so far included diabetes management, dementia care and falls prevention.
- Staff were encouraged to undertake additional health and social care qualifications. An external trainer was used to help staff working towards level two and three. Training records were kept for each staff member.
- All staff were regularly supervised. The aim of these sessions was to discuss how things were going, where things could improve and any training and development needs. The staff team worked well together and provided informal support at all times.

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

- People's needs regarding what they needed to eat and drink was assessed to ensure they received enough food and drink. This included their likes and dislikes. Body weights were checked each week so that weight loss and weight gain was monitored.
- The staff team were aware of people's dislikes and preferences and any dietary restrictions needed to maintain the person's health.
- The main meal of the day was generally served in the evenings. The menu plan had been agreed in the house meetings by people, but alternatives were available. Extra snack meals were provided mid-morning and mid-afternoon where this was identified as necessary to maintain people's body weight. Hot and cold drinks and snack foods were always available.
- The staff team worked with health care professionals such as dieticians and the speech and language therapists and followed their guidance and any instructions.

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

- Staff worked with other health care services to ensure people's health care needs were met. This had included doctors, nurses, hospital staff, social workers, physiotherapists and occupational therapists, in the past.
- District nurses had provided training to senior staff members to enable them to monitor and administer essential medicines to one person. People were supported to attend the GP surgery, and other health care appointments as necessary.
- Feedback received from other agencies working with people was that any instructions they left for the staff team to follow were acted upon.

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

- Alston Court is a large family home, converted to a care home many years ago. Each person has their own bedroom and facilities were spread over three floors. Each bedroom was fully furnished. The communal areas consisted of one lounge and a lounge-diner. There was one assisted bathroom and a wet shower room.

- The lounges and dining room, bathrooms and hallways were all well decorated, were comfortable and homely.
- There was a continual programme of refurbishment and some carpets were due to be replaced. It was noted that one area of the carpet on the first floor was damaged but had been securely taped down.
- We did not see all the bedrooms but those we did were furnished to the person's choices. People chose colours and soft furnishings.
- People had access to outdoor space as the house was surrounded by gardens and a patio with garden furniture.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People had good friendly relationships with each other and the staff team. One person said, "I like them. They are my friends". Another said, "We all get on really well. They (the staff) are really nice and help me". Relatives made the following comments, "They certainly care about him", "(named person) is happy, so we are happy", "Alston Court is an incredibly loving place, staffed by wonderful carers" and "The staff are committed to (named person's) welfare and happiness".
- ☐ It was evident speaking with the registered manager and the staff team that having good working relationships with the people they looked after was paramount. Each person was treated as an individual and although there was a lot of established routines throughout the day, these took account of people's specific needs. These routines supported people's wellbeing.
- ☐ Each person looked relaxed and content in their home environment and the staff respected people's preferences regarding the way they wanted to be looked after.
- ☐ We observed positive interactions between staff and people during our inspection and it was evident the staff team knew people's preferences and how they liked to be looked after. Staff provided genuine loving care and advocated on their behalf when other parties wanted to make choices for them.

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

- ☐ People were encouraged to make decisions about their daily lives and the care they received but the staff team supported or prompted them and ensured all their care needs were met. For example, during the inspection one person had wanted to go out despite the weather being very bad. Staff ensured the person was suitably dressed.
- ☐ People were encouraged to say how they felt about the care they received, the staff, meals served and their activities. They were as involved as much as they were able, with any care plan review meetings.
- ☐ The 'resident's house meeting' was last held on 7 January 2020 and discussions had been held regarding menu plans, holiday ideas and looking after one person whose needs had changed. It was evident that people were listened to and their thoughts and ideas were actively encouraged. The meetings were held every couple of months.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated well at all times and their dignity and privacy was maintained. Staff respected people's dignity, promoted independence and were polite and friendly in their interactions. When people needed assistance with personal care, this was achieved discreetly.
- ☐ People participated as much as they were able to, in home activities. This included keeping their room

clean and tidy, laundry tasks, making drinks and preparing meals or snacks. Staff provided appropriate levels of support for each person and encouraged them to learn new life skills.

- The staff respected each person's routines and behaviours and took account of individual people's choices and preferences. For example, people and staff members had their own mugs, one person liked to set the table before a meal and four people had specific routines regarding mid-morning and mid-afternoon snacks.

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

- ☐ Each person had a person-centred care plans which set out how their care and support needs were to be met. The plans referred to the issues the person needed support with, the aim to be achieved and the interventions required by the care team.
- ☐ People were involved in developing their care plans with the care staff and in subsequent care plan reviews. Relatives and health and social care professionals contributed as and when needed. The registered manager stated they always followed the person's choices over and above that of family.
- ☐ The registered manager and the care team all demonstrated how knowledgeable they were about the people they looked after. They knew what made people happy, how they could support a person who became anxious and what agreed boundaries were in place to maintain a person's wellbeing and health.
- ☐ Relatives, and other parties involved in people's care told us the service was, "Totally person-centred", "Care could not be better" and "(named person) is very independent but needs the staff support for guidance and reassurance".

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.

- ☐ Information was shared with people in line with the Accessible Information Standard. Each person in residence was funded by the local authority. People were provided with information in a format they could understand. Information was shared either verbally, written, in pictures or emojis.
- ☐ Care planning documentation recorded if people had communication needs, for example vision, hearing or did not communicate verbally. Staff were able to tell us how they knew if a person was unhappy, uncomfortable or in pain. They would look at facial expressions and body language to determine what the problem was. One member of staff told us they used a process of elimination until they received a thumbs-up from the person.

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

- ☐ The people at Alston Court had lived together for many years, some between 20-25 years. Living together they had developed a co-existence but each person was able to do their own thing. Those that were able could go out of the home independently could do so at any time.
- ☐ People were supported to attend day centre placements and clubs away from the home, either in small

groups or individually. Some of the clubs were during the day and others were in the evenings. People were supported to maintain their interests, for example pottery classes, gardening or dealing with recycling items from the home.

- ☐ Where people wished to have a job and work in the community, the staff team supported them in achieving this and exploring any new opportunities.
- ☐ The care team supported people with a range of activities both in the home and outside in the local community. For example, people used the local cinema and bowling alley, public houses and the swimming pool.
- ☐ People were supported to have an annual holiday and were involved in making decisions about where they went. If people were unable to attend the holiday, they were supported to have days-out with staff assistance.

Improving care quality in response to complaints or concerns

- ☐ People were unable to say, but relatives we spoke with said, they felt able to raise any concerns with the registered manager or the deputy and were certain they would be listened to.
- ☐ The service had a complaints procedure in place. In the last year they had not received any formal complaints however had dealt with a small number of grumbles. For example, one family had raised an issue regarding loss of an article of clothing and another regarding holiday provision. On both occasions the registered manager and/or provider, had met with the relatives. These concerns had been handled appropriately and the correct process followed.
- ☐ The Care Quality Commission have not received any complaints regarding the service however one 'whistle-blower' had contacted us regarding concerns. These had been discussed with the registered manager at the time. The concerns were raised with social services and the concerns were not upheld.

End of life care and support

- ☐ The service would aim to continue caring for people who became unwell or had end of life care needs, where this was feasible.
- ☐ The staff team were working with local hospice nurses and starting work to record each person's end of life care wishes. One person's plan stated, "I would like to be cared for at Alston Court". This work was in acknowledgement of the fact that people were aging and developing further health problems.
- ☐ The registered manager explained they would work in collaboration with the person's GP, the district nurses and hospice care nurses to enable any person to remain at Alston Court if this was their wish.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ The registered manager led a team of senior care staff and care staff and was supported by the deputy and the two providers. All staff were clear about their role within the team and all worked well with each other to ensure people's care and support needs were met.
- ☐ The provider was fully informed of how the service was run and how people's care and support needs were met as they had an active role in Alston Court. One of the provider's covered three-night shifts and the other did focused work with one person.
- ☐ Any events such as accidents, incidents, falls and complaints were reviewed and checked to see if any trends were developing. This enabled the staff team to take action to prevent re-occurrences and improve quality.
- ☐ There was an informal programme of quality checks to monitor safety and quality of the service. Checks were in place regarding the management of medicines, the safety and cleanliness of the premises, aspects of people's individual care needs and care reviews. Feedback in the form of a survey had been gathered from people and their relatives regarding the service but this had not resulted in any improvement plan.
- ☐ Whilst there were no issues apparent at inspection there were no formal audits completed in respect of infection control, written checks regarding medicine audits and health & safety.

We recommend that a formal quality assurance recording system be implemented to evidence that all appropriate checks had been completed. This would mean that any shortfalls identified resulted in an action and improvement plan.

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

- ☐ The registered manager had worked at the service for 13 years, but as the registered manager for eight years. The deputy had worked at the home for nine years and been the deputy for eight years. Feedback we received from the staff team was that they provided good leadership for the staff team.
- ☐ Both the registered manager and the deputy were well qualified and had achieved level five qualifications in leadership and management.
- ☐ The registered manager and deputy were both fully involved in people's day-to-day care, as were both providers. They each covered a number of the care shifts per week. The management team had a good understanding of each person's individual needs and ensured each person was looked after in the best possible way.

- ☐ There was an open and inclusive atmosphere at Alston Court where people were kept at the heart of all decision making. One health care worker described the service as, "Consistently well managed, where everyone was supportive of each other" and the other stated, "People were central to what happened at Alston Court and the staff team were completely devoted to them".

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

- ☐ Relatives reported that the service was open and honest with them and there were good channels of communication. They said the registered manager and deputy were both approachable and always informed them of any changes.
- ☐ We noted that one relative had commented on a survey form that they had not been informed of several medical interventions with their family member. The registered manager had followed this up with them; there had only been one GP visit which the relative had known about.
- ☐ The allied health care professional said if they had reported any health concerns to the staff team they were always updated on what action was taken and the outcome
- ☐ The registered manager knew when notification forms had to be submitted to CQC. These notifications informed CQC of any events that had happened in the service.

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

- ☐ People were involved in making decisions about their day to day life and what happened at Alston Court. House meetings enabled people to have their say.
- ☐ Staff meetings were held every alternate month, the last one being 12 November 2019. In this meeting the staff had discussed the shift leader role, care documentation, medicines management and specific issues regarding individual people.
- ☐ All staff received a handover report at the start of their shift and were informed of any changes in people's health or welfare.
- ☐ Feedback we received from relatives and the staff was that the registered manager and deputy were both approachable and totally committed to person-centred care.

Working in partnership with others

- ☐ The registered manager and deputy had previously attended forum meetings with other care providers (organised by the local authority) but these were temporarily on-hold. This enabled the services to share best practice and outcomes of any CQC or environmental health service inspections.
- ☐ The registered manager and deputy had good working relationships with outside agencies such as the community learning disability service, GPs and community nurses and local authority staff.
- ☐ It was evident the service advocated on behalf of people during local authority funding reviews. Advocacy services were used, and the staff team worked with them as necessary.