

## Autism Initiatives (UK)

# Outreach Teeside

### Inspection report

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27 June 2016

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 of Outreach Teeside took place on the 23 June 2016 and was announced. We gave the registered provider 48 hours' notice prior to the inspection. The registered provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The second day of inspection took place on 27 June 2016 and was announced.

The location was registered in April 2014 and had not previously been inspected.

Outreach Teeside provides personal care to people in their own home. At the time of the inspection Outreach Teeside were providing support to 11 people. Six people were supported in a supported living setting and received 24 hour support and five people were supported in their own home. The office base was used to provide day support for these five people.

The registered provider had a registered manager 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about the different types of abuse and what actions they would take if they suspected abuse was taking place. Safeguarding alerts had been made when needed.

Risk assessments were in place for people who needed them and were specific to people's needs. Risk assessments had been regularly reviewed and updated when required.

Emergency procedures were in place for staff to follow and personal evacuation plans were in place for people that used the service.

Robust recruitment procedures were in place and appropriate checks had been made before employment commenced.

There were sufficient staff on duty. Relatives told us there were enough staff day and night to meet the needs of the people who used the service. Staff told us there was sufficient number of staff employed by the service.

The service had policies and procedures in place to ensure medicines were managed safely. However, medication competency assessments of staff administering medication did not take place on a regular basis. Medicine was not always stored safely as medication storage room temperatures were not checked or recorded.

Staff performance was monitored and recorded through a system of regular supervisions and appraisals. Staff had received up to date training to support them to carry out their roles safely and had completed an induction process with the registered provider.

People were supported to maintain their health through access to regular food and drink. Appropriate tools were in place to monitor people's weight and nutritional health. Staff knew how to make referrals to health professionals should anyone using the service become at risk of malnutrition.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, people using the service had Court of Protection orders in place and deputy appointees but there was no documentation available to support this and the provider relied on obtaining this information from social workers.

People were supported to maintain good health and had access to healthcare professionals and services when needed. People made regular visits to their own GP.

From our observations, staff demonstrated that they knew people's needs very well and could provide the support that was needed.

People and relatives were actively involved in care planning and decision making, which was evident in signed care plans. Information on advocacy services was available.

Relatives spoke highly of the service and the staff. People said they were treated with dignity and respect.

Care plans detailed people's needs, wishes and preferences and were person centred. Care plans had been reviewed and updated regularly.

The registered provider had a clear process for handling complaints which we could see had been followed.

Staff described a positive culture that focused on the people using the service. They felt supported by the management. Staff told us that all managers were approachable and they felt confident that they would deal with any issues raised.

Staff were kept informed about the operation of the service through regular staff meetings. Staff were given the opportunity to recognise and suggest areas for improvement.

Quality assurance processes were in place. Managers from other locations and senior managers visited regularly to monitor the quality of the service.

Accidents and incidents were monitored to identify any patterns and appropriate actions were taken to reduce the risks.

The registered manager understood their role and responsibilities. Notifications had been submitted to CQC in a timely manner. Notifications are changes, events or incidents the registered provider is legally obliged to send us within the required timescales.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medication was not stored safely. Temperatures of the medication storage room were not recorded. Staff medication competencies did not take place on a regular basis

Risk assessments were in place and had been reviewed and updating when required.

There were systems and processes in place to protect people from the risk of harm. Safeguarding alerts had been made when needed.

People were supported by staff that had been appropriately recruited and inducted.

### Is the service effective?

**Good** ●

The service was effective.

Training, supervisions and appraisals were up to date.

Staff understood the principles of Mental Capacity Act and Deprivation of Liberty Safeguards.

The service worked with other professionals to support and maintain people's health.

People were supported to maintain their health through access to food and drink.

### Is the service caring?

**Good** ●

The service was caring.

People spoke highly of the staff and said they were treated with dignity and respect.

Staff were knowledgeable of the likes, dislikes and preferences of the people who used the service.

Care plans were individualised to meet people's needs.

### Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care.

People's needs and preferences were reflected in the support they received.

A robust procedure was in place for managing complaints. People we spoke with knew how to make a complaint should they need to.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance processes were in place and regularly carried out to monitor the quality of the service.

Staff told us they felt supported and included in the service by the registered manager.

The service had a registered manager who knew and understood their role and responsibilities. CQC had been notified of incidents when needed.

# Outreach Teeside

## **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.

The inspection took place on 23 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The second day of our inspection took place on 27 June 2016 and was announced.

The inspection team consisted of one adult social care inspector.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Outreach Teeside and reviewed information from people who had contacted CQC to make their views known about the service.

We received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR within the required timescale.

At the time of the inspection there were 11 people using the service.

We spoke with four staff members, including the registered manager and three support workers. We spoke with two people who used the service and four relatives. We looked at care files belonging to four people that used the service and at recruitment files and training records for five staff. We looked at records and documentation relating to the running of the service, including quality assurance and monitoring and medication management that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person we spoke with said, "Yes I feel safe here. I like it here." A relative said "My relative is very safe in their hands. [Person] has come on leaps and bounds thanks to the staff at Outreach Teeside." Another relative told us, "They are very good the staff, they treat [person] as if he was their own family."

We looked at arrangements in place for managing accidents and incidents and what actions were taken to prevent reoccurrence. Each person who used the service had an individual accident and incident record book which was completed by staff when any accidents or incidents occurred. The information recorded included where the incident took place and any remedial action taken. All of the incidents that we looked at had been recorded fully. The registered manager told us that the managers for each of the supported living services review the accidents and incidents that have occurred on a monthly basis. This information is then sent to head office who analyse the data for each person using the service and look for any trends and action plans are developed when required.

We looked at arrangements in place for managing risks to ensure people were protected from harm. Risk assessments were in place for areas including travelling in a car, absconding, injuring him/herself, hitting out in the community, choking, telecare and road safety. We found that risk assessments were person centred and each risk assessment was specific to the person's current needs and risks associated. For example, one risk assessment detailed possible risk of injury from power tools as the person had an interest in using them. Where risk assessments were in place we could see that they had been regularly reviewed on a monthly basis, or sooner if any changes were identified.

Daily records were completed by all staff at the end of the day, and details of whether risk assessments needed updating. These had been completed by staff and we could see action was taken to update the risk assessment when required.

An up to date safeguarding policy was available and training in safeguarding was up to date for all staff. Staff demonstrated a good level of knowledge and understanding of the different types of abuse and the procedure they would follow if they suspected abuse was taking place. All staff we spoke with told us they would not hesitate to whistle-blow. Whistleblowing is when a person tells someone they have concerns about the service they work for. One staff member told us, "I have done safeguarding training and feel extremely confident. I have no concerns, I know who to go to if I suspect abuse. The seniors and managers are really good at supporting us." Another staff member said, "If I did suspect anything at all I would report it to my manager. I know they then have to report to the local authority."

In the supported living services we could see that personal emergency evacuation plans (PEEPs) were completed and contained in the care plans. Consideration was made and recorded regarding people's ability to understand the process of evacuation should an emergency occur, as well as people's communication needs. The PEEP's had been regularly reviewed and were up to date with the persons

current needs.

During the inspection we looked at four staff files. We found the registered provider operated a safe recruitment process. We could see that an application had been completed and any gaps in employment history had been investigated. We also saw evidence of a formal interview, two checked references from previous employers and a Disclosure and Barring check had been completed before employment commenced. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruitment decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We looked at the rotas for each of the supported living services and could see that appropriate staffing levels were used. Where a person using the service required 2:1 support, two staff members had been allocated. We spoke to staff about staffing levels who told us they did not feel there was any problems with staffing. One staff member told us "There is definitely enough staff. We never seem to be short. We sometimes get asked to do an extra shift to cover holiday or sickness but there has never been any issues." The registered manager told us that a senior manager within the company is on call to provide support out of office hours on a rolling rota. Staff confirmed they knew who to contact should they need guidance or advice out of office hours.

At the time of our inspection people who used the service were unable to look after their own medication. Staff had taken responsibility for the safe storage and administration of medicines on people's behalf. During the inspection we look at medication for one person received personal care support in their own home. A medication administration record (MAR) was in place but this contained no codes to indicate reasons why medication was not given, for example one staff member had wrote on the MAR '13/05/16 wasted (tea time)' but no further information given as to why the medication was wasted. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MAR sheet had also been signed by the staff member which would indicate the medication had been given. This had happened on several occasions over a three month period. We spoke with the registered manager about this who told us they would revise the MAR sheet used to ensure it included codes for reasons why medication was not given.

We also looked at the MARs of two people living in the supported living service. These contained codes for staff to use when medication was not given however, the codes had not always been used appropriately. This meant it was not clear if the people had received the medicines they needed.

Medication was kept in a locked cupboard within the office of the supported living services. We spoke to the registered manager about the storage of medication who told us room temperatures were not recorded. This meant the registered provider could not be sure medication was stored at the correct temperature.

We looked at disposal of medication and saw an accurate record of any medication that had been returned to the pharmacy. This was fully recorded and signatures had been obtained from the pharmacy to evidence the returns.

Some people were prescribed medicines on an 'as required' basis (PRN). Guidance was in place to inform staff when and why this medication should be given and thorough risk assessments had also been completed. Consent from management had to be sort before the PRN medication was administered by staff. We could see from the medicine administration records that PRN medicines had been given in line with the guidance.



Medication administration competency checks did not take place on a regular basis. The registered manager told us that medication competencies are completed when staff joined the service but that they were not completed again unless the staff member began to provide support to another person using the service or if an error had occurred. This meant that often staff members were not having their competencies with handling and administering medication checked for long periods of time.

We recommend that the registered provider consults national guidance and the registered provider's medication policy to ensure best practice is followed in respect of medication storage and staff competencies in administering medication.

## Is the service effective?

### Our findings

We asked staff to tell us about their induction, training and development opportunities they had been given at the service. Staff told us their induction had provided them with enough knowledge and skills to care for people and felt the quality of training was good. One staff member told us, "I find all the training really useful. We get lots of training and updates and most of our training is refreshed yearly." Another staff member told us, "I found the induction fine, I learnt a lot from it. The manager is approachable so if I did have any concerns about training I would speak to them but I feel I have enough knowledge and training to do my job well. I did a lot of training and learnt a lot about the company's policies before I started working on my own."

We looked at the training matrix for all staff and could see that staff had received training in areas such as safeguarding, medication, food safety, first aid and health and safety. Staff had also undertaken training specific to people who used the service such as autism and positive behaviour support. Relatives we spoke with thought staff were suitably trained to look after their relatives. One relative said, "All the staff are very good with [person]. They are very patient and they encourage [relative] and that is what I want." Another relative told us, "[Person] has really developed over the years with the help of the staff here. [Person] does a lot more now and has developed social skills and that's all down to the staff and the training they get."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provide support and guidance to staff. Staff received a supervision every month and an appraisal annually. Records of these meetings confirmed they were used to discuss any support needs, training needs, safeguarding or concerns and progress staff had made. Action plans were developed and reviewed as a result of the meetings. The registered manager told us that each manager used a tracker to establish when a staff member is due a supervision or appraisal. Records we looked at confirmed supervisions and appraisal were up to date.

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 make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

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

One of the care plans we looked at gave details Court of Protection appointee for finance. However, there was no legal documentation to support this. We spoke to the registered manager about this who told us that they rely on social workers to give them any relevant information regarding Court of Protection orders. The service then added the information to the person's care record. We could see no evidence of an appointee for welfare although it was evident that decisions regarding welfare were being made by relatives on the person's behalf. The registered manager was able to tell us who the appointee for welfare was but again this was not documented in the care records and there was no legal documentation to support this.

People were supported to maintain a balanced diet. People's weights had been recorded weekly in the 'health action plan' by staff. We could see that consideration had been given to people who used the service who enjoyed fast food and takaways. The person's health action plan detailed that they should be encouraged to try two new foods each week.. Staff then recorded in the daily notes what new foods had been tried and if the person liked or disliked it. A monthly review then identified how many new foods had been tried and how many times the person had consumed fast food. This information was also discussed at staff meetings along with suggestions of new foods the person may like to try. We could see that people had choice over their food but healthy eating was promoted. People were support to go to the local supermarkets to purchase food of their choice. One staff member told us, "We go out shopping to get food with them. We try to encourage healthy choices and all the staff discuss together what foods the person likes." At the time of our inspection no one using the service was receiving care from a dietician.

Care records contained evidence of close working with other professionals to maintain and promote people's health. From the records we looked at we could see that people had been supported regularly with visit to their GP, dentist and optician. These visits had been recorded in the health action plan and detailed the outcome of all appointments attended.

# Is the service caring?

## Our findings

People who used the service and relatives told us they were very happy and staff were caring. One relative said, "I cannot say a bad word about the staff. They are truly brilliant and so good with [person]. [Person] has progressed so much and learnt new skills and that is because of the staff." Another relative told us, "They are all very good, they have so much patience with [person] and they support us too not just [person]." One person told us, "I like the staff. They take care of me."

During the inspection we spent time observing and listening to the way staff interacted and responded to people's needs. On the first day of inspection there was two people who used the service attending the day provision supported by three staff members. Staff were seen to encourage the people who used the service to participate in activities and it was clear the people were enjoying themselves.

We saw staff were respectful and called people by their preferred names. Staff were patient with people when speaking with them and took time to make sure people understood what was being said.

Throughout the inspection we saw examples of kind and caring interactions between people and staff. In one example a person requested a change of music. The staff member asked what they would like on and the channel was changed accordingly. The staff member then joined in with the person singing and dancing to the music. The person responded with laughter.

We saw that people were supported with personal care when needed. This was provided in a dignified way by staff closing doors and encouraging people to be independent with aspects of care they could manage independently.

We saw that staff used communication techniques that were specific to the people that they were supporting. One staff member used simple wording to ensure the person could understand the task they were going to be completing. A care plan detailed how one person would require 16 second processing time after each sentence and only after the 16 seconds should the sentence be repeated. One person told us, "The staff that know me understand me better and what I am trying to say. Some of the carers don't understand what I am saying and I get upset." We spoke to the person about this who confirmed they knew all staff who provided care but when regular staff were on holiday they may receive care from a staff member who is less familiar with their needs. The manager of the service confirmed that is regular staff are on holiday cover is provided but that all staff are familiar with the needs of the people who they are asked to support.

Care plans detailed people's preferences around the care and treatment that was provided. We could see evidence, such as signatures, that relatives had been involved in care planning and in some situations relatives had created a list of likes and dislikes which was available for staff to read. We saw letters in care plans that invited family members to regular care plan reviews. One relative told us, "I am always kept informed of anything to do with [person]. They are very open with me. I can't always attend the reviews but I am always invited and attend when I can. I know I can contact them anytime if I feel something needs

changing but they are meeting [person] needs very well."

People using the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and their rights upheld. At the time of our inspection no one using the service was using an advocate but information was available should it be needed.

At the time of our inspection no one using the service had made advance decision regarding end of life care.

## Is the service responsive?

### Our findings

Care plans contained details on what was important to people and how they wished to be supported. Care plans began with a photograph of the person and an 'About me' section which included details such as family, likes and dislikes and daily routine. For example, one person's care plan detailed that their favourite foods were McDonalds and Pizza Hut and that when they had finished their meal they would place all items in the bin to indicate the task was finished and that staff were to let the person finish the task, independently.

During the inspection we looked at four care plans. Care plans were produced to meet people's individual needs in areas such as health and keeping safe, communication, eating and drinking, personal care and social interaction. Where people needed support with specific tasks, care plans were detailed and focused on the person's preferences. For example, one care plan detailed that the person using the service liked to be woken at 8.10am and that staff were to select two options of clothing for the person to choose by pointing to it. The care plan also detailed that the routine would be different on a weekend and gave clear guidance with regards to which routine should be followed. Another care plan detailed how support could be provided with personal care. For example, 'staff to place small amount of shower gel onto sponge and give to [person] and they will wash themselves' and 'a picture of a laundry basket is to be shown to [person] so they understand where dirty clothes need to go'.

One person who used the service used a picture board which helped the person to understand what activities were going to take place each day. This was displayed in the property and the care plan explained to staff how this was to be used. On the second day of inspection we saw that the picture board had been updated with the activities that were taking place that day. Only one activity was displayed. We spoke to the registered manager about this who told us that only one activity can be displayed at one time and when that activity has finished [person] will remove it from the board to indicate it is complete and then another picture can be added. The information recorded in the care plan confirmed this.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. The registered manager told us that each person using the service had a key worker and a small number of staff who provide daily support and that the staff are allocated so they only provide support to that one person and are not expected to provide support to other people that used the service. This was because people who used the service had complex needs and behaviour that may challenge so staff needed to be extremely knowledgeable about the person they were providing support to in order to keep them safe.

We looked at daily handover notes completed by staff on duty. These detailed what activities had been completed, food and fluid intake, medication administered and times the person had woke up and gone to bed. The handover notes also included a 'planning and choice making' section which recorded what choices the person had made that day.

People who used the service participated in daily activities with allocated staff including shopping at the local supermarket, cinema visits, swimming and trips to the park. People were also supported with daily living

skills such as how to put the laundry on, cooking meals and road safety and accessing day service. We saw recorded information in the daily notes to evidence this which included how well they managed the task and if the person enjoyed it.

We spoke with relatives about activities on offer. One relative said, "They are brilliant with all the things they do with [person]. They take [person] to visit family on a weekend. The staff even came to a family wedding recently with [person] so they could support [relative]. I know they are always cooking together and encourage [person] to make meals and do washing up and things. [Person] was set in their ways but has come out of there shell now thanks to the things [person] does with staff." We spoke to one person who used the service about activities. They said, "I like to go swimming and playing on my i-pad. I have been doing baking with [staff]. I cook a lot so we freeze some and I have it later on in the week."

We were given a copy of the registered provider's complaints procedure. The procedure gave people details about who to contact should they wish to make a complaint and timescales for actions. People we spoke with confirmed they knew how to make a complaint. One person said, "I speak to the staff or [manager] if I am not happy. Sometimes I speak to [relative] and they speak to the manager about it."

There had been one complaint made over the past 12 months. We could see the complaints procedure had been followed. The registered manager told us that when a complaint is made it is looked at by one of the managers. The information is then sent to head office. They evaluate the information and look for any trends and actions that need to be taken as a result, such as amendments to policies and 'what has been learnt' from the complaint.

## Is the service well-led?

### Our findings

People who used the service spoke positively about the management team. We could see that the registered manager was a visible presence and regularly interacted with people using the day provision. Staff told us the registered manager often visited the supported living services. On the first day of inspection we saw the registered manager regularly leaving the office to go and interact with people using the day provision. We could see there was an open door policy as staff members often came into the registered manager's office to ask advice or for a general chat about a person who used the service. A relative we spoke with told us, "The management team all know [person] and their needs very well. They all seem very nice and approachable and I have never had any problems at all." Another relative told us, "I am just so thankful for the support they give me. They are always available should I need to discuss anything."

Staff told us the registered manager was approachable and the management team supported them. They told us if they had any concerns they would have no problems approaching the registered manager or any other member of the management team and were confident any concerns raised would be dealt with appropriately. One member of staff said, "I definitely feel supported, they are all really good at supporting us." Another staff member told us, "I feel confident speaking to my manager about anything. They are easy to approach and they listen to us."

Staff told us the morale was good and they all worked well together as small teams. They told us they were kept informed about changes to the service and were given the opportunity to raise any suggested areas of improvement and included in the development of the service. One staff member told us, "We have regular team meetings. We all sit down and discuss any issues or improvements we think could be made. We make decisions together as a team and we all get chance to voice our opinions."

The registered manager investigated safeguarding alerts and accidents and incidents in a timely manner and informed the local authority and CQC when needed. Safeguarding's and accidents and incidents had been recorded thoroughly and reviewed monthly by management.

The managers, registered manager and head office carried out a number of quality assurance checks to monitor and improve standards of the service in areas such as accidents and incidents, safeguarding, the use of PRN medication, finances and complaints. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their service, ensuring they provided people with a good service and meet appropriate quality standards and legal obligations.

An auditing system called 'peer to peer' was also completed by management on a monthly basis. Areas looked at included care plans, safeguarding reporting, accidents and incidents, consent, nutrition and staff training. Action plans were then developed and a completion date indicated. Records we looked at confirmed these 'peer to peer' audits were conducted regularly. Unannounced audits were also completed annually by senior management.

A weekly audit was carried out by each of the managers at each service and looked at areas such as



hazardous substances, infection control, fire safety and medication. We identified that in the medication section it asked if the temperature of the medication storage was accurate and recorded. On all the audits we looked at this had been ticked to suggest temperature recordings were taking place but this was not the case; temperatures of the medication storage room were not checked or recorded. This was pointed out to the manager who said she would address the issue.

The registered provider distributed questionnaires to relatives on an annual basis. At the time of the inspection no questionnaires had been returned by relatives for 2015 or 2016 so evaluations and action plans were unable to be developed. The registered manager told us she feels this is because management have regular contact with relatives who often voice concerns or areas of improvement this way rather than complete a questionnaire.

Staff questionnaires were completed when staff attended training at the registered providers head office in Liverpool. The questionnaires are then analysed and a collective data was published and sent to the registered manager of each of the providers locations across the country. As this data was collated it was not specific to this location. The registered manager told us they did not feel this process was effective and they plan to distribute staff questionnaires to their staff only during appraisals so they can gain more localised data and produce action plans from this.

Staff and management meetings took place to allow standards of the service to be discussed. Records showed that these meeting were held monthly and discussed things such as daily recording, care plans, safeguarding and training needs. The minutes included a list of attendees and people who had sent their apologies. We saw that all staff had the opportunity to participate in these meetings. Where issues were raised an action plan was generated to plan remedial action.

From our discussions with the registered manager we could see that staff followed the visions and values of the service closely and people who used the service were at the centre of this. We could see that staff had taken appropriate action to raise concerns and the registered manager ensured that CQC and the local authority were notified in a timely manner of incidents which occurred at the service.