

# St Mungo Community Housing Association St Mungo's Broadway - 53 Chichester Road

## Inspection report

St Mungo's  
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Date of inspection visit:  
09 February 2018

Date of publication:  
28 March 2018

## 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

This inspection took place on 9 February 2018 and was unannounced. St Mungo's Broadway - 53 Chichester Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide care and support for 26 people who have used alcohol in the past or currently using it. During the day of our inspection there were 24 people living at the home, four of which receive personal care. Although the service supports men with life-long alcohol addiction, the service is rated because it is registered to provide residential accommodation with personal care.

Our previous inspection on 21 February 2017 found two breaches of regulation and made two recommendations. We rated the service as "requires improvement". During this inspection on 9 February 2018 we found that the service had taken necessary action and made improvements. The service is now rated as "Good".

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who used the service told us that they were satisfied with the care provided and said that they felt safe in the home and around care staff. People told us they were treated with dignity and respect in the service.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults. Risk assessments were in place which clearly detailed potential risks to people and how to protect people from potential harm. We noted that risk assessments had been prepared with the involvement of people and were reviewed regularly.

Systems were in place to ensure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the home. We looked at the recruitment records and found background checks for safer recruitment had been carried out.

People who lived in the service and care staff told us there were sufficient numbers of staff to safely meet people's needs. Management explained that there was consistency in respect of staff with a number of staffing having worked for the service for many years. They also advised that there was flexibility in respect of staffing so that they could deploy staff where required.

People in the service were able to smoke in their bedrooms but were not allowed to smoke in communal areas. We discussed this arrangement with management and they explained they ensured people were supported to smoke in a safe manner. Fire and emergency procedures were in place and there was evidence to confirm that necessary checks were carried out regularly.

On the day of the inspection, the home was clean and there were no unpleasant odours. However, we noted that there were several areas of the environment that were 'tired' looking. The bathrooms on the first and second floor were in need of renovation. We also noted that some carpets in communal areas were old and in need of replacing. We have made a recommendation in respect of this.

Our previous inspection found that there were gaps in staff training and staff had not received yearly appraisals. We found a breach of regulation in respect of this. Our inspection in February 2018 found that the service had made improvements in this area. There was documented evidence to confirm that staff had received training and an appraisal.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Care support plans contained information about people's mental state and communication.

Arrangements were in place to ensure that the nutritional needs of people were met. An external catering company prepared meals in the home. People had a choice of a daily cooked breakfast, cooked hot lunch and a light dinner.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care records included information about appointments with health and social care professionals.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

Our previous inspection found there was limited information in care support plans about their care needs and preferences. This inspection in February 2018 found that the service had taken action and updated care support plans so that they included a detailed care support plan which provided information about people's communication, mobility, special interests, mental health, health needs and cultural/religious beliefs.

People told us that there were enough activities in the home. During the morning of the inspection we did not observe a formal activity taking place. However, in the afternoon we observed people interacting with one another in the lounge and playing pool.

Our inspection in February 2017 found that there were some areas where the quality of the service was not effectively checked and we found a breach of regulation in respect of this. During this inspection in February 2018, we found that the service had taken appropriate action and implemented effective checks and audits.

Care staff had a positive attitude and were of the opinion that the home was well managed and management were supportive and approachable. Care staff told us that the service had improved since the last inspection.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us that they felt safe in the home and around care staff.

Arrangements were in place in relation to the recording and administration of medicines.

Risks to people were identified and managed so that people were safe. Staff were aware of different types of abuse and what steps they would take to protect people.

Appropriate systems were in place to manage emergencies.

Good ●

### Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management.

Care staff had completed MCA training. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Good ●

### Is the service caring?

The service was caring. People were treated with kindness and respect when we observed staff interacting with people.

People were involved in making decisions about their care.

Care plans provided details about people's needs and preferences.

Good ●

### Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

People had access to activities and they were supported to access the community.

People had regular reviews of their care plans with staff to ensure that the care provided met their needs.

### **Is the service well-led?**

The service was well-led. People who used the service told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place. Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

**Good** ●

# St Mungo's Broadway - 53 Chichester Road

## **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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 9 February 2018. The inspection was carried out by two inspectors and one inspection manager.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider also completed a Provider Information Return (PIR). The 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. The PIR also provides data about the organisation and service.

We reviewed eight people's care records, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with eleven people who used the service and one relative. We also spoke with the regional head manager, registered manager, deputy manager and six care staff including project workers and care assistants.

## Is the service safe?

### Our findings

People who used the service told us they felt safe in the home and around staff. One person said, "It's safe – not been attacked." Another person told us, "It's fine. The only thing staff say is 'tell us when you are going out'". One relative we spoke with told us, "It safe in the home."

There were systems in place to ensure people received their medicines safely. The service had a procedure for the recording and administration of medicines. Stock received had been recorded. There was a book to record medicines disposed of and entries had been signed by two members of staff. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. Our previous inspection in February 2017 found that the temperature of the room where medicines were stored had not been monitored and recorded. This was needed to ensure that the storage temperatures were not over the recommended temperature of 25 degrees Celsius. We made a recommendation in respect of this. During this inspection in February 2018, we found the service had taken appropriate action and temperature checks were recorded daily and documented consistently.

We examined the medicine administration charts (MAR) for seven people. There were no unexplained gaps in the MARs examined. People we spoke with told us they had been given their medication on time and raised no concerns regarding this.

Controlled drugs (CD) were stored appropriately. The administration of controlled drugs (CD) was witnessed and the records were signed by two care staff. However, we noted that the service recorded CD administration in a folder instead of a pre-printed specially designed CD register. We discussed this with the registered manager and she advised that they would ensure they used a CD register in future. Following the inspection, the registered manager confirmed that a CD register had been ordered and they had started to use the CD register.

We saw documented evidence that internal medicine audits were carried out regularly and the registered manager confirmed this. We also saw evidence that an external pharmacy had carried out a medicines audit on 17 January 2018. The aim of the audits was to ensure the medicines procedures were being followed.

Training records indicated that care staff had received safeguarding training. When speaking with staff they told us how they would recognise abuse and what they would do to ensure people were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home.

Our previous inspection found that people's risk assessments varied in respect of detail and information. At the time of the inspection, management advised that they were in the process of reviewing all risk assessments to ensure that the information was consistent.

During this inspection in February 2018, we observed the service had reviewed people's risk assessment and they contained relevant detail. Each person had a "safety and wellbeing plan" which contained details of potential risks, possible consequences, triggers, techniques and action to help the person manage the risk and details of what staff should do to assist the person. We noted that risk assessments were written with the involvement of people and their views were documented. Risk assessments covered risks such as inadequate nutrition, falls, behaviour that challenges, epilepsy and non-compliance with medicine administration. Risk assessments were reviewed with people's involvement during key worker sessions and were updated when there was a change in a person's condition.

On the day of the inspection we observed that care staff were not rushed and were able to complete their tasks. There was consistency in terms of care staff so that people were familiar with them and care staff were familiar with people's individual's needs. Care staff we spoke with told us that there were generally sufficient numbers of staff on duty. We discussed staffing with the registered manager and regional head manager and they explained that there were plans to have an extra member of staff on duty during the evening shift from March 2018. They explained that this would enable staff to spend more time with people in the evenings. The deputy manager told us they planned appointments in advance so that they could plan the rota effectively and said there was flexibility in respect of staffing numbers.

There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out.

People were able to smoke in their bedrooms but were not allowed to smoke in communal areas. We discussed this arrangement with management. They explained they did not encourage people to smoke in their rooms, but accepted that people wished to do so. They therefore ensured people were supported to smoke in a safe manner.

A comprehensive fire risk assessment had been carried out in December 2017. Advice had been sought from the fire service in respect of people smoking in their rooms. There was an action plan for this risk. It included encouraging people to stop smoking, checks on the fire door, discussions regarding safety and follow up discussions with those who drop their cigarettes in the home.

The registered manager and deputy manager explained that the service had started a pilot smoking cessation trial where staff encouraged people to not smoke in their room but to instead use the designated smoking area outside. Management explained that the response from people who used the service had been mixed but said that they were aware that it would take time but they were committed to ensuring this was done in stages. On the day of the inspection we observed people use the designated smoking area.

Control measures were in place in the event of a fire and these included ensuring that bedrooms were equipped with fire retardant bedding, ensuring that each bedroom was fitted with a smoke alarm and ensuring each bedroom had a metal dustbin. The importance of fire safety and smoking in the home was discussed during resident's meetings.

We found that the home had plans in place for a foreseeable emergency and this provided staff with details of the action to take in the event of a fire and a general evacuation plan. Personal emergency and evacuation plans (PEEP) had been prepared. These were detailed and informative.

The home carried out regular fire checks which included weekly fire alarm tests and weekly fire drills and these were documented. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

We discussed hot water temperature checks with the registered manager. We noted that the service did not document hot water temperature checks in people's bedrooms. She explained that the water temperature in the home was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. This ensured that people were not at risk of scalding. Following the inspection, the registered manager confirmed that the service had started documenting water temperatures prior to people having a shower or bath where they received personal care.

During the inspection we found the premises were clean and no unpleasant odours were noted. There was an infection control policy and measures were in place for infection prevention and control.

We noted that one window restrictor on the first floor corridor was defective. We also noted that the bathroom windows on the first floor and second floor required a window restrictor and raised this with management. Following the inspection, the registered manager sent us evidence to confirm that a work request for the window restrictors had been sent to maintenance and confirmed action would be taken.

We noted that there were several areas of the environment that were 'tired' looking. The bathrooms on the first and second floor were in need of renovation. We also noted that some carpets in communal areas were old and in need of replacing. We discussed this with management who confirmed that this was being looked into and there were plans to redecorate the premises.

We recommend that the provider review the need for refurbishment in the bathrooms and communal areas to ensure people live in a comfortable and appropriate environment.

Accidents and incidents were recorded. These included detailed information about action taken by staff and recommendations to prevent future reoccurrence.

# Is the service effective?

## Our findings

People told us they were satisfied with the care provided in the home and said care staff were competent. One person told us, "Staff helpful and friendly. They say, 'How can we help?' It's as good as gold here." Another person said, "I get on with staff. They help me do things." Another person told us, "Quite satisfied. No complaints. Quite comfortable. I get on with staff and the others living here."

Our previous inspection in February 2017 found that there were gaps in staff training and staff had not received yearly appraisals. Staff were therefore not always supported to fulfil their roles and responsibilities through training and appraisals and we found a breach of regulation in respect of this.

During this inspection in February 2018, we noted that the service had made improvements in respect of staff training. Staff had received necessary training and there was a training matrix in place which enabled the registered manager to monitor what training staff had received and when refresher training was due. Training records showed that care staff had completed training in areas that helped them when supporting people. Topics included emergency first aid, safeguarding adults, infection control, fire safety, health and safety, the Mental Capacity Act 2005 (MCA 2005), medicine administration and dementia. The training was a combination of internally and externally provided training. Staff spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively. One member of staff told us, "The training was really helpful. The manager reminds us about training." Another member of staff said, "We are encouraged to go on training to develop ourselves individually and also to help with our roles."

We also saw documented evidence that care staff received regular supervisions and this was confirmed by staff we spoke with. Care staff had also had an opportunity to discuss their progress and goals during appraisals. Since the last inspection, staff had received an appraisal where necessary.

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 as least restrictive as possible.

Our previous inspection in February 2017 found that care support plans contained some information about people's mental state and communication. During this inspection in February 2018 we found that the service had implemented new format care support plans which included information about people's communication preferences and their capacity to make decisions. The service had also introduced and implemented a MCA assessment summary which provided information about people's ability to make decisions in respect of various aspects of their care and daily life. There was documented evidence to confirm that staff had received MCA training since the previous inspection.

The registered manager told us that no one in the home was subject to any restriction of their liberty. On the

day of the inspection we observed people went out when they wished to do so without any restrictions.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support and we saw documented evidence of this. Care records included information about appointments with health and social care professionals. The service had a close relationship with the GP who visited the home every two weeks to ensure people received consistency in respect of their care.

People told us they were satisfied with the meals provided. One person said, "I like the food. We get a proper meal every day and a cooked breakfast. It is nice." Another person told us, "The food is good. I can talk to the chef and we have a laugh." Another person told us, "The food is lovely, no complaints, it's just what I want."

Arrangements were in place to ensure that the nutritional needs of people were met. An external catering company prepared meals in the home. People had a choice of a daily cooked breakfast, cooked hot lunch and a light dinner.

On the day of the inspection, people appeared to enjoy their lunch and there was a relaxed atmosphere. People's nutritional needs had been assessed and there was guidance for staff on the dietary needs of people and how to promote healthy eating. This information was detailed in care support plans. Care records included details of what support people needed with eating and drinking as well as details of restrictions of food including allergies and preferences.

The deputy manager explained that it was important for people to have a healthy and nutritious meal to ensure physical well-being was maintained.

In January 2017, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. The registered manager explained that they encouraged healthy eating within the home by discussing this with people who used the service during their key worker sessions.

## Is the service caring?

### Our findings

People told us they were treated with respect and dignity and said care staff were caring. One person told us, "I feel better in myself – physically healthy. I get on well with the staff. I have one to one sessions with the staff. They talk respectfully to me. They communicate with me." One relative told us, "[My relative] would not want to leave the home. He is happy there."

People's care records included profiles that recorded their specific methods of communicating with staff. Care records were person centred and included information about people's views about how they wished to be supported. People had key workers to co-ordinate their care. Throughout our inspection we observed positive interactions between people and staff. It was evident that staff knew people well and communicated with them effectively. They provided support in a sensitive way and responded to people politely. Staff displayed kindness and understanding towards people and addressed them by their preferred names. We observed people playing pool with staff and some people went out. Staff respected people's choice for privacy and independence and we noted some people preferred not to join others in communal areas but liked to stay in their rooms or move around the home as they wished.

The service had a comprehensive policy on ensuring equality and valuing diversity. There was information at the entrance of the home and on noticeboards which provided detailed information about promoting Equality, diversity and Human Rights (EDHR) within the service. Staff we spoke with emphasised that this was an important value within the service. People had been consulted about their individual needs including their cultural and spiritual needs and this was clearly documented in their care support plan. Care staff were aware of the importance of equality and diversity and respecting the choices people made regarding their daily routine and activities they wanted to engage in.

During the inspection, we spoke with one member of staff who was the "equality and diversity lead" for the service. She explained that staff asked people what they wanted to do during resident's meetings and key worker sessions. Listening to what people wanted was important. She explained that they supported people to celebrate various religious events. For example; some people wanted to mark Ash Wednesday and they would be supported to attend church. She also explained that her role was to raise awareness about different faiths whilst challenging negative views about people's background. The noticeboard in the service had a St Mungos LGBTQ (Lesbian, gay, bisexual and transgender questioning community) timetable which included dates for various upcoming events so that people could attend them if they wished to.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They offered people choices with their daily living. They also made sure information about people was kept confidential at all times

All organisations that provide NHS or adult social care must follow the Accessible Information Standard. This standard tell organisations how they should make sure that people who used the service who have a

disability, impairment or sensory loss can understand the information they are given. We noted that some important policies and people's care support plans were available in easy ready format.

## Is the service responsive?

### Our findings

People who used the service told us care support staff listened to them and responded to their needs. One person said, "The best things here are the people, the accommodation and the food. I get on well with everyone here." Another person told us, "It's alright. Generally OK. They look after me OK. I'd say if it wasn't."

Our previous inspection found there was limited information in care support plans about the support people needed with various areas of their care such as personal care, mobility and communication and we made a recommendation in respect of this.

Our inspection in February 2018 found that the service had taken appropriate action in respect of this. The deputy manager explained that the service had worked hard to ensure care support plans had been updated to include information about the support people required. Each care file included an information sheet summarising important information about the person and their care needs. There was also a detailed care support plan which provided information about people's communication, mobility, special interests, mental health, health needs and cultural/religious beliefs. This was in an easy read format and had been prepared with people's involvement. The deputy manager told us, "We speak to people and explore what they would like to do and what they need." Care records also included information about people's individual achievements, goals and an action plan which focused on identifying people's strengths, options and practical steps towards achieving their goals.

We saw documented evidence that people had regular meetings with their key support worker. This gave people an opportunity to discuss aspects of their care which included managing money, relationships, physical health, mental wellbeing and motivation. The deputy manager explained that these meetings enabled care staff to keep up to date with people's changing needs and ensured people were receiving care that was specific to their on-going needs.

Our previous inspection found care plans contained a limited level of detail in respect of people's preferences and routines. We noted that the new format care support plans had addressed this issue. There was clear and detailed information about what people like and disliked. These focused on people's individual needs and were person centred.

The complaints policy was displayed in the home. This policy detailed the procedures for receiving, handling and responding to comments and complaints. People said that they did not hesitate about bringing any concerns to management. We noted that the home had a system for documenting and resolving complaints. Management explained that they encouraged people to speak with them about concerns openly and they did this through regular resident's meetings and key worker meetings.

The majority of people told us that there were enough activities in the home. There was an activities timetable in place which included games such as dominos, draughts and cards. There was also a movie night, bingo and a "Munro" therapy session where people could speak openly about issues. St Mungo's had set up a Recovery College which was available for all people in the service to attend. The focus of the college

was on providing a supportive environment where people have the opportunity to sample a range of subjects and wellbeing activities. For example, some of the courses included English, maths, yoga and music.

On the morning of our inspection we did not observe any formal activity taking place. However, in the afternoon we observed people interacting with one another in the lounge and playing pool.

We discussed activities with the deputy manager. He told us, "Activities are important. We try and encourage people to get involved." He explained that some people had gone on a trip to Bournemouth in summer 2017. He explained that many people did not like to go out on trips and therefore they tried to encourage people as much as possible. He said they talked to people during resident's meetings to find out what they would like to do and showed people photos of where they could go to try and encourage them.

An external organisation provided a regular drug and alcohol advice surgery and this was available to people in the service if they wished to access it.

Meetings were held monthly for people living at the home where they could give their views on how the service was run. They discussed the running of the service as well as the food menu and activities. We saw evidence that these meetings were recorded and that the service took necessary action following suggestions made at these meetings.

## Is the service well-led?

### Our findings

The home had a manager registered with the Care Quality Commission. 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.

Our inspection in February 2017 found that there were some areas where the quality of the service people received was not effectively checked and the service had failed to identify their failings. We found a breach of regulation in respect of this.

During this inspection in February 2018, we found that the service had taken appropriate action to address this breach of regulation. We discussed with management what changes had occurred since the previous inspection. The service recognised the importance of regularly monitoring the quality of the service. They explained that they had set up a quality team which was responsible for checking and monitoring the level of care provided in the service. This team identified various themes as part of their audits and carried out thorough checks. For example, in November 2017 an audit had been carried out by the quality team looking at medication and MCA. Where necessary, recommendations were documented along with a deadline for completion.

The service had a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook comprehensive checks and audits of the quality of the service in order to improve the service as a result. We saw evidence that regular audits and checks had been carried out in areas such as health and safety, cleanliness of the home, fire procedures, medicines management and care documentation.

There was a management structure in place with a team of care workers, project workers, domestic staff, deputy manager, registered manager and regional head manager. Care staff had a positive attitude and were of the opinion that the home was well managed and management were supportive and approachable. One care staff told us, "They are supportive. I can ask questions and go to them about anything. They are easy to talk to and always ready to listen." Care staff told us that the service had improved since the last inspection. One care staff told us, "There have been changes. We have had a lot of training since the last inspection. The manager is trying very hard to make sure all is in place. She is very thorough." Another care staff said, "I have seen a lot of change in the last year for the best. Management have worked really hard. They have done their best to do things that were recommended and take action." People spoke positively about the appointment of the deputy manager and said that morale was good and staff worked well together as a team. One member of staff told us, "There is unity amongst staff. They work together as a team."

Care staff told us that communication within the service was good. Staff told us they were kept informed of developments. There were regular meetings where care support staff were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.

Care documentation was well maintained, up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The service had an informative website which provided information about their aims and objectives. The vision of the service is, "that everyone has a place to call home and can fulfil their hopes and ambitions." The service implements a recovery based approach which is committed to empowering people, supporting them in their recovery journey and to prevent homelessness in the future.