

The Brandon Trust

# Brandon Supported Living - Cornwall

## Inspection report

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## 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

We carried out this inspection on 30 November and 1 December 2016. As Brandon trust provides a domiciliary care service we gave '24 hours' notice that we would be visiting. We did this to ensure we would be able to meet with people in their own homes.

There were twelve registered managers in post as they cover the whole of the county of Cornwall, Plymouth and Devon. 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.

Brandon trust is a domiciliary care service that provides care and support to people in their own homes. This includes people with general health needs, mental health needs, and learning disabilities. The care ranges from a minimum of six hours support, up to 24 hour care for people in supported living. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

We visited by agreement, people living in their homes where supported living support was being provided by this service. Some people lived in their own homes and others lived in a shared house where people had their own bedrooms and collectively used the other parts of the house with staff supporting them throughout the 24 hour period.

People told us the care staff that supported them were "good" and felt they were safe. Relatives echoed this view. Staff were confident about the action to take if they had any safeguarding concerns and were confident the registered managers would follow up any worries they might have.

The service strived to develop their knowledge and expertise in the area of learning disability. They were awarded the Autism Accreditation by the National Autistic Society due to the work they had undertaken at some of the supportive living services. The team leader of one of the supportive living homes provided a presentation at the 'National Autistic Society Positive Outcome Events' to explain their work. The team leader had now gained the 'Autism experienced practitioner' qualification of which there were only two in Cornwall. This had led to the team leader being asked to publish articles for the national Autistic Society on the work they have undertaken in how they support people. This demonstrated the service was committed to ensuring staff had the specific knowledge and skills to support people who required specialist support.

Team leaders also had specific roles in training as 'champions'. This meant that they had a specific area of expertise such as, positive response training (PRT), autism, epilepsy, dementia, communication and assistive technology.

The training department had sourced bespoke specialist courses including end of life care and 'young people self-harm' when the need for this was identified. This demonstrated the level of commitment from the service to ensure that staff had access to relevant training courses so that it could provide bespoke care to the people they supported. It also demonstrated the commitment staff had to broaden their expertise and knowledge in care.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People and their advocates, were involved in recruiting and choosing the staff who supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. The area managers and registered managers spoke highly of the staff team describing them as committed and enthusiastic in their approach to their work.

Staff had high expectations for people and were positive in their attitude to support. Staff were respectful of the fact they were working in people's homes.

Care plans were personalised and clearly guided staff in how to support people well at various times of the day and in different situations. This allowed a consistent approach from staff when supporting people in their own homes.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

The management team had a clear set of values which was also apparent in our discussions with staff. People and staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

## 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. Risk assessments supported people to develop their independence while minimising any inherent risks.

There were sufficient numbers of staff to meet people's needs.

People were involved in recruiting staff and the associated processes were robust.

### Is the service effective?

Good ●

The service was effective. Staff were supported by a system of induction, training and supervision. Staff were supported to attend and gain awards in national Autistic Society accreditation. The learning from this training has been embedded into every day practise.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

### Is the service caring?

Good ●

The service was caring. Staff had high expectations for people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff supported people to access the community and extend their social networks.

### Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

There were systems in place to help ensure staff were up to date about people's needs.

There was a complaints policy in place which people had access to.

**Is the service well-led?**

The service was well led. People and staff told us they felt involved in the development of the service.

Brandon trust had a clear set of values and visions.

Quality audits were carried out to monitor the quality of the service.

**Good** ●

# Brandon Supported Living - Cornwall

## **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 30 November and 1 December 2016 and was announced. The provider was given a days' notice because the location provides a domiciliary care service.

Before the inspection we reviewed any information we held about the service including past inspection reports. We received the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

The inspection was carried out by an inspector. On the first day of inspection the inspector visited the head office and reviewed the service's paperwork and spoke with management and care staff and met two people who use the service. We spoke in total with 12 people who held the following roles: area manager, registered managers, team leaders, carers, human resources and administration.

On the second day of inspection, the inspector visited people in their own homes across the county. We visited three supported living homes and met with people who received support and staff in their homes. We visited a relative in their own home. We met with 7 people and 8 care staff.

Two expert by experience contacted people who use the service, relatives and some staff by phone to gain their views on the support they received from Brandon trust. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in learning disability.

We spoke with four people by phone, three relatives and seven care staff. This allowed us to gain their views on the service

During the inspection we looked at five care plans, three staff files, staff training records and records relating to the running of the service.

## Is the service safe?

### Our findings

People told us they felt safe with care staff. One commented, "They are all good." Relatives also echoed this view and felt staff treated their family member with patience and respect. There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. There were safeguarding and whistleblowing policies and procedures kept in the office and staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. Staff told us they would be confident to raise concerns and believed management would take them seriously and act on them.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. Risk assessments identified the risk and when it was more likely to occur. They described any precautions in place and further actions needed. There was clear guidance for staff on how to minimise the risk. For example a relative told us that risk assessments had been assessed on daily bases during the Christmas shopping period, so that care staff knew how to minimise the anxiety levels for the person they supported when out in the community.

Accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. Staff explained when it would be necessary to record incidents and what action they would take in such circumstances. Staff told us they did not physically restrain people. They were able to describe what actions they would take and in what sequence should someone they were supporting start presenting behaviour which was challenging to them. During a home visit a person became anxious and presented behaviours that challenged staff. Staff recognised the triggers and were able to respond to the person in a way that reassured them promptly. This allowed the person's anxiety levels to decrease and staff could then continue to support them. We noted that the persons support plan clearly identified how staff should respond to the person's anxiety, and we saw this being put into action. This meant staff were clear in how to respond to people when they were presented with behaviours that challenged in a consistent manner.

We received a mixed view regarding if people were supported by sufficient numbers of staff. Some people and relatives commented that there had been changes to the dedicated staff team that supported them and that this change had been difficult for them to manage. Comments included "There used to be regular staff but now it's quite varied" and "Up until 6 months ago, it was the best service we could have hoped for". However, others said "We have a regular team of staff" and "Staff are all familiar". A staff member said "We are staffed to full capacity now, with no agency staff". There was no evidence to show people were not being supported by sufficient staffing levels.

There were suitable arrangements in place to cover any staff absence. Staff told us they would cover any shift absences where possible as they believed having a dedicated team to support the person was in their best interests. The service had 'bank workers' who the service contacted if they need to cover

staff shifts. The bank workers were introduced to people they supported by a permanent member of staff so that the person had consistency of staff support. Bank workers told us they divided their work between particular houses, as this allowed them to get to know the people they support well. In addition there was an out of hours on call system that people, relatives and staff could contact. All said that the out of hours' system worked well as a manager was available to answer any queries.

Initial assessments to determine the level of staffing for each person were carried out by local authority commissioners and the registered managers then decided whether they could meet those needs. The area manager told us they turned down care packages for people where they felt they did not have the capacity to meet them.

The area manager told us they were actively recruiting to nine care posts across the organisation. People and their relatives were involved in the recruitment of their staff and told us they were able to decide if they did not want a particular carer working with them. Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The service had identified via their auditing system that there had been some medicine issues. For example staff not signing records correctly and in a couple of incidents medicines were not administered at the correct times. Due to this the service had reviewed their medicines policies and procedure and made the process more robust. Staff told us that they felt the new care plans in the area of medicines now directed, informed and guided them in how they were to order, store, administer and dispose of any medicines for each person they supported. Care plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them.

## Is the service effective?

### Our findings

People and their relatives were complimentary about the support they received from staff. One person said "The staff make me happy, independent and help me crossing the road". Another said staff were "Great". A relative said "they (staff) go above and beyond."

People received care and support from staff that were well trained, supported and knew their needs and preferences well. The area manager told us, they had a committed and motivated staff team who know the people they supported well. Staff teams were built around the person and staff were recruited to teams according to their specific skills and interests. The person completed a 'matching tool' which identified their interests. For example one person liked particular sports and so they asked staff if they shared these interests so that they could support the person on their sporting activities. This approach helped the development of positive relationships between people and staff.

When relationships broke down people were able to exercise choice about who supported them. For example a relative told us their family member was not comfortable with a member of staff who supported them. They had spoken to the team leader about this and the member of staff no longer supported their family member as a result.

New employees were required to go through an induction programme in order to familiarise themselves with the services policies and procedures and undertake some training. The induction process had recently been updated to include the new Care Certificate. So far 23 staff had completed the care certificate. Staff told us the training covered all areas of the role and was relevant. One commented; "The induction helps us to get to know what's expected of you." A person who used the service had been involved in delivering training for the induction. This helped to personalise the training and make it more real for people.

Newly recruited staff told us they had a period of shadowing more experienced staff until such a time they felt confident to work on their own. We spoke with newly recruited staff and they were all complimentary about the support and training they received from the organisation. One commented, "My induction was thorough, training has been excellent." The team leaders told us the induction period was flexible according to the needs and experience of the employee.

The service strived to develop their knowledge and expertise in the area of learning disability. They were awarded the Autism Accreditation by the National Autistic Society due to the work they had undertaken at a couple of their supportive living services. The team leader of one of the supportive living homes provided a presentation at the 'National Autistic Society Positive Outcome Events' to explain how the staff team now worked with a particular person and the learning gained from this. The team leader said "The main theme is consistency in working with people. For example using key words, stock phrases, tone of voice." This learning, especially in the area of consistent communication, had been rolled out to all staff across Brandon trust. The team leader meets with the independent accreditation supervisor to ensure that the training learnt continues to be embedded in every day practise. The team leader had now gained the 'Autism experienced practitioner' qualification of which there were only two in Cornwall. This had led to the team

leader being asked to publish articles for the national Autistic Society on the work they have undertaken in how they support people.

Team leaders also had specific roles in training as 'champions'. This meant that they had a specific area of expertise such as, positive response training (PRT), autism, epilepsy, dementia, communication and assistive technology. We spoke with the dementia champion who told us they attended the Alzheimer's induction course and had decided to attend further courses in their own time. The PRT champion had successfully gained the 'train the trainer' course so that they could train all Brandon trust staff in this technique.

The training department had sourced bespoke specialist courses such as 'Young People Self-harm' when the need for this was identified. This demonstrated the level of commitment from the service to ensure that staff had access to relevant training courses so that it could provide bespoke care to the people they supported. It also demonstrated the commitment staff had to broaden their expertise and knowledge in care.

Training identified as necessary for the service was updated regularly. Staff told us the training was comprehensive. Staff attended courses, undertook e-learning and were also observed in their everyday work practise by senior staff. This ensured staff were competent and had appropriate skills to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and communication techniques.

The training matrix was comprehensive. It detailed which staff had completed which training and when they were due to complete refresher courses. The managers were informed by the training personal of which staff were due to attend courses so that they did not lapse. This meant staff had training which was relevant and related to current good practice.

Staff received regular supervisions and records confirmed this. These took place formally approximately every four to six weeks and provided an opportunity for staff to identify their training needs and discuss working practices with their line manager. Staff told us they felt able to ask for support or advice at other times.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people's consent to their care. We found that the service acted in accordance with legal requirements. The service were actively liaising with the Court of Protection and commissions to ensure that where it was assessed that a person lacked capacity, decisions had been made on their behalf and in the person's 'best interest'.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For example best interest meetings had been held in a supportive living environment to fit an alarm on the front door. As the front door was not locked this alerted staff if someone opened the door so that they were aware of everyone's whereabouts at all times. These meetings involved the person's family and appropriate health professionals. This showed the service reviewed people's level of restriction and

acted in accordance with legal requirements at all times.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. Staff recognised the importance of gaining consent before providing care and told us, "I ask to check what the person wants me to do."

People were supported to maintain a healthy lifestyle where this was part of their care plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. One person told us they made their own breakfast, sandwich and lunch and staff cooked their tea. A relative told us their family member was supported by staff to buy their own food and cook it. People's choices of the foods they wished to purchase were respected.

In shared living houses where more than one person was supported they were invited to attend 'tenants meetings' where it was discussed what the menu would be for the week and this food would then be purchased. People were satisfied with this arrangement.

Some people had specific dietary requirements. Consultation with relevant health professionals occurred so that the person received foods that were appropriate to their health needs. For example a Speech and language therapist had provided advice in how foods should be presented to reduce the risk of choking.

People were supported to attend regular health appointments with GP's and dentists. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. For example liaising with dental services to plan how a person would receive dental treatment with the aim of reducing their anxiety.

## Is the service caring?

### Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. One person told us 'The staff are like parents, they aren't parents but same as parents in the home'. Relative's comments about the staff included; "Puts my son first, very patient centred", "absolutely brilliant" and [person's name] "absolutely loves them."

Staff ensured that people knew who would be supporting them for the day by use of photos and telling the person. We visited some people in their own homes. Prior to our visit we were asked to have a photograph taken so that it could be shown to the people living in the home so they knew who would be visiting them. This prepared them for our initial meeting. Staff had told people in the home that we would be visiting and when we arrived we saw our photo on display. They were then asked by staff if they would like to meet with us. This meant staff were ensuring people were informed and given the choice about meeting visitors.

We observed people were relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had developed and staff valued the people they supported. Staff spoke with people kindly and made sure they were comfortable and occupied. Staff were respectful and spoke with people they supported with consideration. They were unrushed and caring in their attitude towards them. Relationships between the people in their homes and staff were relaxed, friendly and there were easy conversations and laughter.

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop further. They spoke about people positively and focussed on their achievements, demonstrating high expectations for people. For example one person wanted to go on a holiday and had been unable to go abroad due to their health needs. Due to the person's health needs being managed in a different way this was now possible. Staff applied to the service's 'dream fund' and were awarded some money toward the person's trip abroad. A member of staff then took part in a sponsored parachute jump to raise the rest of the funds, so that the person could go on their 'dream' holiday. The funds were raised and the person was able to visit their holiday of their choice. This demonstrated that staff encouraged and supported the person to achieve their dreams.

Some people who received support had very specific communication needs. Staff explained how they worked with each person to help ensure they had a voice and opportunity to contribute to decisions about their day to day lives. People's care plan showed their preferred communication methods were identified and respected. For example, use of verbal and visual tools to assist them in understanding what activity they would undertake next. Pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. For example a staff member told us they understood the different noises a person made to express their emotions; happiness, frustration and contentment. This showed that the service shared information with people in a meaningful way and were able to understand people's preferred communication methods.

People and their relatives told us they were treated with respect and their privacy was upheld. Care plans described how people needed to be supported in order to protect their dignity. Staff told us they always checked before giving personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

Care plans also considered how to support people's needs sensitively. For example the service provided support to a person who was terminally ill. The service organised for the hospice to come to the team and provide a bespoke training course to meet the person's care needs. The aim was to discuss and learn how staff could provide high quality care in the most sensitive manner. The feedback from the hospice was complimentary in how staff responded to the course.

Staff talked about the need to remember they were working in people's homes and be mindful of this. Staff told us that people chose the décor of their home. One person had recently gone to a DIY store and had purchased their own paint to decorate the rooms in their home. Furnishings were also chosen by the person and their own art work was on display. This demonstrated that the person was encouraged to decorate their home to reflect their own personal tastes.

News letters were sent to people and their relatives to share news and offered advice and support. Relatives said they felt "inclusive" and encouraged to meet with other family carers to gain learning and emotional support from each other. They found this to be very beneficial.

## Is the service responsive?

### Our findings

Relatives felt that the service responded to their family members care needs. Relatives confirmed they were involved in the implementation and review of their family members care plan. One relative said, "the staff and I talk all the time" and "we email back and forth."

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Every person had a care plan which detailed the support to be given on a daily basis. They were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One support record stated in detail what the persons abilities were when undertaking their own self-care, and where they needed physical assistance and encouragement to ensure their personal care needs were fully met.

Staff teams knew the people they supported well and were able to describe to us how the individual person wished to receive support. Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred team leaders contacted the whole staff team by phone, text or email. Information was also recorded in people's daily records and communication books which were kept at people's homes. Staff were required to sign these to confirm they had read them. At households where more than one person was supported there were staff handovers when shifts changed. The team leaders told us they updated care plans as necessary. Observation of the records confirmed this.

People's support was designed around their individual needs and there was evidence the service had worked with other health care professionals in order to develop care plans which met their needs. For example staff attended bespoke end of life care training for one named person.

People had access to a range of activities. The service worked with people to give them more social opportunities which tied in with their interests. One relative remarked that they now had to arrange times to see their family member due to their busy social life.

People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do. For example a person wanted to go swimming but was anxious about achieving this. The care team worked with the person and used 'gradual steps'. This included, driving to the swimming pool, then going into the swimming pool and watching from afar. The next visit included standing near the pool and finally putting their feet into the water until the person was confident to go swimming. This demonstrated that the staff worked with the person at the persons pace until they felt comfortable to partake in the activity fully.

People were involved in various activities such as sports, recycling and decorating their home. During visits to people's homes we were told people had been out for various parts of the day to go for walks, shopping and one person was on a holiday,

Regular 'tenant' meetings were held for people who were sharing their home with others. Meetings were held to discuss what was working and what needed changing. Staff meetings were not held in the person's home to respect the person's privacy at home.

People and their relatives knew how to contact the office and would contact them if they had any concerns or complaints. The complaint log book showed that any concerns were investigated thoroughly. A response to the complainant with any recommendations to improve the service were identified, and appropriately actioned. Relatives told us if they had any 'niggles' they would talk with staff or the registered manager and were confident their concerns would be addressed. We noted that all complaints had been dealt with appropriately and within the guidelines laid down in the complaints policy.

## Is the service well-led?

### Our findings

People, relatives and staff told us they were involved in developing and running the service at an individual and organisational level. Their views were sought out and acted upon. The area manager acknowledged that it was, "important and necessary" to get views from people, relatives and staff in how the service was ran so that any improvements would be identified and considered so that the service could continually improve.

Relatives told us they received newsletters about the service and were encouraged to raise any ideas or issues with management. Relatives had also met with other relatives and found these meetings beneficial as they were an opportunity to provide emotional support and receive advice.

There were 12 registered managers for this service. Each manager was responsible for a number of services. A member of the senior management team told us that this arrangement made the day to day management of the services more responsive, person centred, visible and effective. For example, people who used the services told us their managers were always in the house and would support them with their care as needed.

Brandon trust had a clear set of values and visions. A mission statement had been introduced which clearly set out the organisations values. Staff said they were aware of these values. Staff told us how they were encouraged to support people to develop their independence and showed they had high expectations for people.

Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. For example a team leader approached the regional director about how team leaders needed to share good practice. From this a 'team leader learning solutions group' was introduced. In this group they looked at the lessons they had learnt from the autism accreditation and had reviewed the presentation of people's care plans. This resulted in care plans being amended to make them easier for the person to visually understand and it was aimed that this would be rolled out across the whole service.

Regular leadership meetings were held to explore ways of developing and improving the service. A weekly 'catch up meeting' was held with representation from the regional and area manager, registered managers, human resources and learning and development teams to provide an overview of what is currently happening in the organisation. Monthly reports were produced from each area of the service and were discussed at a full day meeting attended by representatives from each management team plus area teams so that a continuous overview of the service was held.

Staff told us they were well supported by their line managers. There was an on call system in place which meant staff and people could access advice and support at any time.

There were systems in place to monitor the quality of the service provided to people. Staff undertook a range of monthly and weekly checks which included financial records and medicines. People had been asked for their views on the service via a questionnaire. This was in easy read format and used simple text

and pictures. This meant it was easier for people with limited literacy skills to use it.

Six monthly audits were carried out for all individuals using the service. This included checking care plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received. These quality assurance measures showed the organisation valued the people they supported and promoted quality and improvement.

Staff meetings were held regularly for each team. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, "I love working here. It's a great team."

The organisation received support from many departments such as finance, Human Resources (HR), training and quality auditing departments to help with the running of the organisation and where they could access any advice or guidance. This was also available for senior support workers. They attended conferences and seminars on learning disability topics. This meant they were able to keep up to date on developments in the field.