

## Southside Partnership

# Southside Partnership - Ambleside Avenue

### Inspection report

15 Ambleside Avenue  
Streatham  
London  
SW16 1QE

Tel: 02086779811  
Website: [www.southsidepartnership.org.uk](http://www.southsidepartnership.org.uk)

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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

### About the service

Southside Partnership – Ambleside Avenue is a residential care home that can provide personal care and support to up to six people with learning disabilities or autism. At the time of our inspection six people were using the service. Most people currently using the service also had physical disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

People we spoke with told us they were happy living at Ambleside Avenue and with the care and support they received there. A quote we received from one person the service supported summed up how people felt about the care home, "I'm happy living here and I'm glad I moved in... The staff are lovely and look after me like my own family."

People nearing the end of their life received compassionate and supportive care from staff, although they had not received any formal end of life care training. We recommended the provider finds out more about end of life care training for staff, based on current best practice.

The service was safe. There were systems and processes to protect people from the risk of abuse. People were cared for by staff who knew how to prevent or manage risk in a person-centred way. This kept people safe, while not restricting their freedom. There were sufficient numbers of staff whose suitability to work with people with learning disabilities had been thoroughly checked. People received their medicines as they were prescribed. There were regular checks to make sure the environment was safe. The care home was kept clean and staff followed relevant national guidelines regarding the infection control and basic food hygiene.

People benefited from being cared for and supported by staff who were well-trained and supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood people's health needs and promoted good outcomes and quality of life for people. People continued to be supported to stay healthy and well and have access to the relevant community health care professionals. The home environment was set up in an innovative way that promoted people's independence and reflected their individual needs and preferences.

People received care and support from staff who were kind, empathetic and respectful. Staff took the time to get to know people well and understand their preferences and wishes. People were treated equally and

had their human rights and diversity respected, including their spiritual and cultural needs and wishes. Staff used different methods to support people to express their views and make choices about their care, depending on how people communicated and what worked best for them. People were encouraged and supported to develop their independent living skills.

People received person-centred care that focused on what was most important to them and took into account their diverse needs and wishes. People were involved in reviewing care plans regularly to keep them up to date. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could easily understand. People had opportunities to take part in a variety of in-house and community based social activities that were meaningful to them and tailored to their interests and abilities. Staff supported people to maintain relationships that were important to them. The provider dealt with people's complaints in a thorough, prompt and fair way.

People benefited from being supported in a service that was well-led and managed. The service had an open, inclusive and person-centred culture. There was a robust governance system with good oversight from the provider to make sure the service continued to provide a high standard of care and support to people. The provider consulted people, their relatives, community health care professionals and staff as part of their ongoing programme of assessing the quality of the service and making improvements. When things did go wrong, there were systems to learn lessons from this and prevent similar incidents from reoccurring. The provider worked holistically in close partnership with other health and social care professionals and specialists to plan and deliver positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was good (published 15 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Southside Partnership - Ambleside Avenue

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Southside Partnership – Ambleside Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. A Housing Association (landlord) owned the building and as the landlord were responsible for its maintenance.

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

#### Notice of inspection

This one-day inspection was unannounced.

#### What we did

Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR). This provides us with key information about their service, what they do well, and improvements they plan to make, which helps us

plan our inspection.

During the inspection we spoke with two people the service supported. We also talked in-person with various managers and staff who worked at the care home including the registered manager, deputy manager and two support workers. We also looked at a range of records that included three people's care plans, multiple medicine administration record sheets and staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received email feedback from four community health care professionals who shared their experiences of working with this service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place.
- Staff had received up to date safeguarding adults training and were aware of their safeguarding responsibilities. Staff told us they had confidence in their managers to address any such concerns they might raise. A member of staff said, "The managers are excellent here and I know if we told them we were concerned people we support were being abused it would be taken extremely seriously."
- Appropriate safeguarding investigations had been carried out. The registered manager and provider analysed such events, as well as incidents and accidents. They identified actions to take to prevent reoccurrence. For example, a community health care professional told us, "In the past staff did not always use the correct footwear when supporting people to move and transfer, but as soon as I pointed this out, the managers ensured staff made the appropriate changes as I had recommended." Staff confirmed this issue and the action they needed to take to address the problem had been discussed with them.

Assessing risk, safety monitoring and management

- Risks people might face had been assessed on an individual basis and detailed risk management plans were in place to help staff prevent or manage them. For example, we saw risk management plans in place to help staff mitigate risks associated with people's physical needs and mobility, skin integrity and behaviours that might be considered challenging. People told us staff knew how to keep them safe. One person said, "There's always staff around and they help me when I need them."
- Staff were aware of the identified risks and hazards people might face and the agreed ways to keep people safe. For example, it was clear from staff comments they knew how to support people they assisted to eat and drink who had been assessed as being at risk of choking. Several staff also gave us examples of the signs they needed to look out for which might indicate a person was becoming distressed and the action they should take to manage the situation.
- There was clear guidance for staff to follow to help them deal with emergencies. Staff were aware of their fire safety roles and responsibilities and knew what was included in people's personal emergency evacuation plans, for example.

Staffing and recruitment

- People were kept safe by receiving care and support from adequate numbers of staff.
- Staff were visibly present throughout the service during our inspection. We observed staff were available when people needed them and responded in a timely manner to requests for assistance.
- Staff continued to be recruited using appropriate pre-employment checks to ensure they were safe to

work with people with learning disabilities or autism.

#### Using medicines safely

- Medicines systems were well-organised and people received their prescribed medicines on time.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear guidance for staff regarding the use of 'as required' medicines.
- Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and had their competency to continue doing so safely routinely assessed and updated.
- Managers routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

#### Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
- The service appeared very clean and hygienic.
- Staff were aware of their infection control roles and responsibilities and received on-going training on the topic. Personal protective equipment (PPE), such as gloves and aprons, were available throughout the service and staff were seen wearing PPE as and when required.
- Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards, and had received basic food hygiene training. This helped ensure food was prepared and stored in a way that reduced risks to people of acquiring foodborne illnesses. The service had been awarded a satisfactory rating of four out of five stars by the Food Standards Agency in 2018 for their food hygiene practices.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's care needs and wishes.
- Staff told us the plans were easy to follow and included sufficiently detailed guidance about how to meet an individual's needs and wishes.
- This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

Staff support: induction, training, skills and experience

- Staff had the right mix of knowledge, skills and experience to effectively meet the needs of people they supported. For example, staff had received relevant training in learning disability, autism and epilepsy awareness, moving and handling, and positive behavioural support.
- It was also mandatory for all new staff to complete an induction which was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing experienced care staff.
- Staff demonstrated a good understanding of their working roles and responsibilities and told us their training was routinely refreshed. Comments from staff included, "The training is very good here" and "My employer supported me all the way to get my health and social care qualification."
- Staff continued to have opportunities to reflect on their working practices and professional development through regular individual supervision and work performance appraisal meetings with their line managers.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff told us they asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and requirements.
- People told us they were happy with the quality and choice of the meals they were offered at the service. One person said, "The food is alright", while a second person remarked, "I know it's quiche for lunch today, but you can choose to have something else if you want".
- People's care plans included detailed risk assessments and guidance for staff to follow in relation to the different levels of support people needed to receive and to maintain a healthy, well-balanced diet. For example, at lunchtime we saw staff had prepared some well-presented soft and pureed meals for people with swallowing difficulties.

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

- People were supported to stay healthy and well. A community health care professional remarked, "The staff are always professional and never fail to follow my professional advice and guidance."
- People's care plans detailed their health care needs and conditions, and how staff should manage them. These had been developed in conjunction with the relevant health care professionals. For example, the service had worked closely with speech and language therapists to develop a management plan to minimise the risk of people with swallowing difficulties from choking when they were eating or drinking.
- People also had a personalised hospital passport, which is a document designed specifically for people with learning disabilities. The aim of the passport is to provide medical staff, including ambulance and hospital staff, with important information about an individual's personal and health care needs and wishes, should they be admitted to hospital.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of external health care professionals.

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

- People lived in a suitably adapted and well-designed and decorated care home.
- The building fitted in with the other domestic homes of a similar size in the area and there were no identifying signs, intercom or cameras outside the property to indicate it was a care home.
- The care homes interior and external grounds had been suitably adapted to ensure wheelchair users could move freely around Ambleside Avenue. This included wheelchair friendly ramps, extra wide door widths, lowered worktops and sinks in the kitchen and grab rails and ropes fitted throughout the building. People told us Ambleside Avenue was a "comfortable" place to live. One person said, "I chose the colour my room was painted and have everything I need there."

# Is the service caring?

## Our findings

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

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

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

- People always looked at ease and comfortable in the presence of staff and they clearly knew each other well and had built up good relationships. People typically described staff as "caring" and "friendly". Comments included, "I like living here because of the staff... They are my friends" and "The staff treat my clients with kindness and compassion and have clearly built up good relationships with them all. People appear happy and content whenever I've visited the service."
- We observed staff take their time to sit and engage with people through the spoken word or non-verbal gestures and cues. These interactions were always conducted in a relaxed and friendly manner. For example, during lunch we saw staff sat down next to people, ensured they were able to make good eye contact with people they were assisting to eat their meal and routinely asked everyone if they were enjoying their meal or if they needed anything.
- People's diverse spiritual and cultural needs and wishes were respected. One person told us, "Sometimes staff take me to church when I want to go."
- Staff had received equality and diversity training and knew how to protect people from discriminatory behaviours and practices. One member of staff told us they shared the same ethnic heritage as several people they supported which helped them meet these individual's specific cultural needs and wishes, such as making Caribbean style dishes they enjoyed, for example.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected and were supported to be as independent as they could and wanted to be. One person said, "Staff sometimes help me to do my own food shopping, so I can make my own sandwiches", while a second person remarked, "Staff helped me get a job working in a local charity shop, which I like." We observed staff actively encourage and patiently support people to participate in various household chores during our inspection including, setting the dining room table for lunch and clearing away their dirty dishes after they had eaten.
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- People's confidential records were stored securely.

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

- People were encouraged to make decisions about the care and support they received and have their decisions respected. The registered manager gave us an example of how they encouraged one person the

service supported to be actively involved in the recruitment of staff, which they did by sitting on the interview panels of prospective candidates. This person told us, "I ask new staff lots of questions to see if I would like them."

- People had regular opportunities to express their views at regular care plan reviews and house meetings. People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.
- Staff signposted people to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if a person had no family members to do this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

### End of life care and support

- The service currently supported someone who was receiving end of life care. Now and in the past when people were nearing the end of their life, they received compassionate and supportive care from this service.
- The provider had an end of life policy and procedures in place and people's care plans had a section where they could record their end of life care and support needs and wishes, if they chose to.
- Managers told us they regularly liaised with GP's and other health care professionals, including palliative care nurses, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.
- Staff were aware of the end of life care wishes of people they supported, despite not receiving any formal end of life care training.

We discussed this issue with managers and staff who agreed they would benefit from receiving some formal end of life care training. We recommend the provider finds out more about end of life care training for staff, based on current best practice.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of their responsibility to meet the AIS and how to meet people's communication needs.
- Staff understood the AIS and communicated well with people they supported. We saw staff were aware of people's preferred method of communication and how to interpret what specific non-verbal gestures used by certain individuals meant. For example, we observed a person use a series of hand gestures and facial expressions to ask staff if they could go out, which staff quickly picked up on and acted upon. Staff were also aware if a certain individual placed their hands over their ears this meant they were anxious or upset, which was clearly identified in their care plan.
- The provider also ensured information people they supported might find useful was available to them in various easy to access and understand formats. For example, the service had developed easy to read plain language and pictorial versions of people's care plans, daily menus, social activity timetables and complaints procedure. In addition, we saw a range of easy to read pictorial signs displayed throughout the care home, which identified the function of various communal rooms and areas, as well as photographs of all the staff who worked there.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to their individual needs and wishes. A community health professional told us, "The staff are very good at treating people as individuals here...They're approach to care is without a doubt a person-centred one."
- People the service supported each had their own care plan. These plans were personalised and contained detailed information about people's life history, strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs.
- People were supported to make informed choices about various aspects of their daily lives. We observed staff actively encourage people to decide what they ate for their breakfast by showing individuals various items of food they could choose between, which included cereal and/or toast during our inspection. One person told us, "I usually have toast every morning for my breakfast and then I choose what I'm going to spread on it." Similarly, several members of staff told us they routinely showed people various items of clothes from their wardrobe to help people make an informed choice about what they wore each day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and live active fulfilling lives at home and in the wider community. People told us they could participate in social activities that interested them. Comments we received included, "Staff sometimes take me shopping and ice skating, which I like", "I don't like going out much, but I do like going to the local pub with staff sometimes" and "The manager lets me help out in the office and go on the internet when I want. One of my favourite things to do though is look at 'beauty' magazines, which staff get for me." During our inspection we observed staff supporting people to participate in various arts and crafts at home or go out for a walk or shopping in the wider community.
- People's care plans reflected people's social interests.
- The service ensured people they supported maintained positive relationships with people that were important to them. People told us their family and friends could visit them at the care home whenever they wished.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy, which was available in various easy to read formats everyone could understand. One person said, "I'm happy here, but if I wasn't I would tell the staff about it and I'm sure they would help me sort it out."
- The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
- Records showed us no formal complaints had been raised about the service in the last 12 months.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager registered with CQC who had been in operational day-to-day control of this care home and another of the providers similar sized service since February 2018.
- The registered manager told us they divided their time evenly between the two services which are both located in South West London. There were clear management and staffing structures in place which helped the registered manager run both these care homes simultaneously. This included oversight by a senior regional manager for London who regularly visited the service, as well as a deputy manager and a senior team leader who were both permanently based at Ambleside Avenue. The deputy manager confirmed they were responsible for running the service in the registered managers absence.
- People the service supported, their relatives and staff all spoke positively about the way the care home was managed. A community professional said, "The team appears to be well led...I don't have any negative points or concerns to raise."
- The managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

Continuous learning and improving care

- The managers recognised the importance of regularly monitoring the quality of the service they provided for people. We saw there was a rolling quality assurance programme in place which involved senior managers and senior staff all carrying out regular audits and checks to monitor the standard and safety of the service people received. These audits routinely checked the effectiveness of the services medicines management, care planning, infection control, fire and health and safety, and staff recruitment, training and supervision.
- The registered manager told us they used the checks to identify issues, learn lessons and implement action plans to improve the service they provided. For example, they had used incident reporting to identify what might cause a person's behaviour to become challenging and with support from various external health and social care professionals had developed positive behavioural management plans to reduce this risk.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the services latest CQC inspection report and rating was displayed clearly in the care home and on

their website. The display of the rating is a legal requirement, to inform people, seeking information about the service and our judgments.

- The provider had a clear vision and person-centred culture that was shared by managers and staff. Staff knew of the provider's values and we saw they upheld these values when supporting people. The registered manager told us they routinely used group and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and professional representatives.
- The provider used a range of methods to gather people's views about their experiences of living at Ambleside Avenue, which included regular house and relative's meetings, care plan reviews and satisfaction surveys. Satisfaction surveys people had completed were in the main positive about the standard of service provided at the care home.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better. This was through regular face-to-face contact with the managers, which included individual and group meetings. Several staff told us they liked working for this provider and felt managers listened to and acted upon what they had to say. One member of staff remarked, "I love working here...We're just one big happy team really", while another member of staff said, "I feel the managers listen to us, and in my case were extremely supportive when I needed them most quite recently."

Working in partnership with others

- The provider worked in close partnership with various local authorities, health and social care professionals and community groups. For example, this included local GP's, community nurses, physiotherapists and speech and language therapists, social workers, clinical psychologists and a behavioural specialist who worked specifically with people with learning disabilities, local church groups and voluntary organisations. A community professional told us, "They [staff] have been very supportive of the work that I have been trying to do. I attended a team meeting recently and was very impressed with how reflective the staff were and how keen they were to learn new ways of working with my client who has a learning disability and a complex mental health need."
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. This helped to ensure people continued to receive the appropriate care and support they required.