

Achieve Together Limited

Rugby Avenue

Inspection report

67 Rugby Avenue
Wembley
Middlesex
HA0 3DJ

Tel: 02089034613
Website: www.achievetogether.co.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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rugby Avenue is a supported living service for people with learning disabilities and autistic people. On the day of our inspection the service provided support to three people. The service has capacity to provide support to five people.

People's experience of using this service and what we found

Right Support: The model of care and setting maximises people's choice, control and Independence; for example, people who used the service were consulted where and whom they wanted to live with. The service had a strong focus of supporting people to gain greater independence and the service sought support from external professionals to make this possible. People's support was tailored around their abilities and skills to maximise their wellbeing and staff supported them to achieve their goals and dreams.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. People who used the service received dignified care and support. Relatives told us that they were very happy with the care people received and that the service had a good understanding of people's needs around behaviours autistic people and people with learning disabilities may display. People and relatives were fully involved in their care and care was planned to ensure people received the best possible outcomes.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. The culture and ethos of the service was to empower people to become more independent. One care staff told us, "The purpose of working here is supporting people to have as much choice as possible and live the best fulfilling life, they can."

People were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks to people. Risks had been identified, assessed and reviewed. Care staff knew how to identify and report concerns. They had been recruited safely and showed good knowledge and skills in relevant areas including medicines administration and infection control. They demonstrated dignity, respect and compassion in interactions with people.

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.

The service had a range of quality assurance processes, including systems necessary to maintain safe environments. The manager and staff ensured policies and procedures met current legislation and were up to date. Relatives told us they were asked for their views about the quality of the service.

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

Rating at last inspection and update: The last rating for the service under the previous provider was good, (published on 19 September 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned comprehensive inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our responsive findings below.

Is the service effective?

Good ●

The service was effective

Details are in our responsive findings below.

Is the service caring?

Good ●

The service was caring

Details are in our responsive findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our responsive findings below.

Rugby 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector on site and one inspector assessed documents off site.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of this inspection the service had no manager registered with the Care Quality Commission.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people were often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. All people who used the service were able to communicate with us verbally.

We spoke with four members of staff including the regional director, one manager who acted in the absence of the service manager and two care staff.

We reviewed a range of records. This included three people's care records and two medicines records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safeguarded from harm and abuse.
- The service had a robust safeguarding procedure and care staff had received training in how to protect people from harm and abuse.
- Care staff told us they would report any abuse to the line manager and were also able to describe to us how they would recognise if a person potentially was abused. One care worker said, "I would always report any concerns to the manager, make a record and would also contact the local authority, the CQC or the police. You can notice abuse if a person we support becomes withdrawn or their behaviour has changed."
- People who used the service and relatives told us that their loved ones were safe at Rugby Avenue. One person told us, "I feel very safe here, I want them [staff] to go out with me. I know I am vulnerable and they [staff] make me safe." A relative said, "Yes, overall, my relative is safe, there has been an issue and I know the manager is dealing with it." This was confirmed by the regional director who told us that they have arranged a person's review by the local authority to address the concern.

Assessing risk, safety monitoring and management

- Risk in relation to people receiving care and support had been assessed and management plans to minimise such risks had been put into place.
- People who used the service had a wide range of risk assessments and risk management plans. People who used the service and their relatives were involved in the formulation and review of these plans to ensure that their views were acted upon.
- Risk assessments viewed included falls, sexual and financial abuse and scalding. In each case, there were existing controls and proposed actions to eliminate or reduce the hazard. For example, one risk assessment provided detailed guidance in how to ensure that the water temperature was safe when having a bath or shower and was protected from the person from scalding themselves.
- People told us that they knew about their risk management plans and agreed with them. One person said, "I know I need staff to help me when cooking food and they are always there to help." We observed during lunch time that staff were working with this person and adhered to what was documented in the person's plan.
- People had detailed positive behaviour support (PBS) plans which ensured that people were supported when they become distressed or anxious and provided staff with clear guidance of how to recognise triggers of emotional reactions and details how to de-escalate distressed behaviours.

Staffing and recruitment

- The service ensured that staff supporting people who used the service were recruited safely and the necessary recruitment checks were carried out.

- Pre-employment checks had been carried out, including at least two references, proof of identity and Disclosure and Barring checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People who used the service, staff and relatives told us that there were sufficient staff deployed to meet their needs at Rugby Avenue. One person said, "There are always enough staff around to help me." A relative told us, "I visit regularly and there never had been an issue with not enough staff. The staff are very good here, it's like a family."
- One member of staff said, "We always have enough staff, never been a problem. We are a good team."
- The regional director told us that Rugby Avenue did not experience any workforce pressure due to the COVID- 19 pandemic or other external pressures.

Using medicines safely

- Medicines were managed safely, and appropriate guidance and training was provided to staff to ensure staff had the right skills and knowledge around safe medicines administration.
- The service had a medicines administration procedure and policy. Staff had received training in the safe administration of medicines and their competency had been assessed.
- Medicines were stored safely in people's rooms and appropriate recording was followed. Medicines administration records (MARs) were completed to a good standard and no medicines were missed to be administered to people. If people required their medicines to be administered as and when required appropriate advice was sought and robust guidance was put into place to ensure people received their medicines safely.
- People told us that they had no concerns and medicines were administered safely. One person said, "The staff help me with my tablets, I wouldn't be able to do this on my own, never been any problems."
- The service does administer medicines to support people when they were distressed. The manager was aware of STOMP (stopping over medication of people with a learning disability), autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. The service had a clear guidance to ensure staff were clear of when to administer such medicines and regular reviews from a designated health care professional was sought to ensure the appropriateness of the administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had systems and processes to monitor and assess accidents and incidents.
- Accidents and incidents were documented and analysed monthly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service. Staff told us that they would report and record all accidents and incidents and discuss them with their manager.
- Accidents and incidents which happened over the past twelve months had been documented in detail and also discussed with the staff team during team meetings to ensure lessons were learned. Where required accidents and incidents had also been escalated to the local authority and CQC.

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 needs were assessed as part of their admission and throughout their stay at Rugby Avenue, this ensured that the service was meeting people's complex needs. For example, this helped staff to support people consistently around their communication, behaviours that challenge the service and activities they liked to take part in.
- Prior to deciding if people want to live and choose Rugby Avenue as their home a number of trial visits were arranged. This helped people to make up their mind and provided the base line information for the staff to ensure the service was suitable for people and could meet their needs. One person told us, "I visited the place before I moved in and had a look around before I decided that I wanted to move in, I was also able to choose my room."
- During their stay at Rugby Avenue people's needs were continuously assessed and information gathered during these assessments formed part of people's care plans and risk assessments.
- Records reviewed were in line with good practice. For example, the service used a positive behaviour approach as a model for supporting people with behaviours which may indicate distress and harm to others. Functional assessment had been carried out. Functional assessment is a continuous collaborative process that combines observing, asking meaningful questions, listening to family stories, and analysing. There were proactive strategies that sought to reduce the likelihood of behaviours of concern occurring, and reactive strategies, which aimed to reduce the risk of harm to the person and others, where a behaviour of concern could not be prevented.

Staff support: induction, training, skills and experience

- Staff were provided with a wide range of training as part of their induction and ongoing development.
- During their induction staff accessed online training which included safeguarding adults, medicines administration, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They also received regular refresher training to ensure their knowledge was up to date with current guidance.
- Care staff told us that they found it easy to access and take part in the training provided. One staff told us, "There is lots of training available, most of it is online and very easy to access. The manager always tells us to do the training."
- Staff had also access to more specialist training to ensure they had the skill and knowledge to support people with a learning disability, autistic people, people who challenge the service or people with particular health care conditions such as diabetes or epilepsy.
- Staff had received regular one to one supervision with their line manager and regular annual appraisal to discuss their development, and feedback on the service and the care they provided to people who used the service.

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

- People received support around eating and drinking and the service ensured they had a healthy and nutritious diet.
- People were supported to choose their meals and prepare the food they enjoyed. We spoke with one person and asked them if they were happy with the food. The person said, "I like the food, I choose the menu and do the shopping and staff help me to cook."
- One relative told us that the food was what their relative enjoyed and that staff cooked and prepared meals with their relative.
- People's likes, and dislikes were documented in their care plan. None of the people using the service had specific dietary needs due to their health. However, one person chose a specific diet to lose some weight and another person chose different dairy products. The person said, "I don't like normal milk and I buy them in the shop." We saw in the office to reduce the cost for this particular item the service purchased this in bulk, which the person was happy with.
- If people chose to have a personal menu, staff supported them to develop one weekly. The service had developed a library of pictures for people to choose what they wanted to eat and also helped people who were unable to read.
- All people had a designated cupboard in the kitchen to store their ingredients, cutlery and plates, cups and bowls.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were met. The service sought help and support from external health care providers to ensure people's physical and emotional health care needs were met.
- People who used the service were registered with a local GP and had an annual health check. An annual health check provided an important means for routinely checking the general health status of adults with learning disabilities.
- People who used the service had a health action plan. A health action plan identified the person's health needs and the support they needed to stay healthy.
- The service regularly sought support from health care professionals from the local learning disabilities team to ensure that people's physical and psychological health care needs were met. For example, we discussed with regional director recent and ongoing referrals to the local learning disabilities team to support people around their psychological and behavioural health care needs.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Most people who used the service had capacity to make decisions for themselves.
- Where people required support for more complex decisions they were supported by their relative or were

able to access an independent advocate. For example, all people had an assured tenancy agreement in their name which had been signed by them with the support of their relative who had lasting power of attorney. A lasting power of attorney (LPA) is a legal document that lets people appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Is the service caring?

Our findings

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

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

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

- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity.
- People who used the service told us that they are happy where they lived, and we observed staff treating them with respect and courtesy. One person said when asked about Rugby Avenue, "I like it here, it's my home and staff are nice."
- People told us staff were kind and caring. All the people we spoke with, spoke very positively about staff. One person said, "I like all the staff they help me a lot." Another person said, "Once I had an issue with a member of staff and it was resolved, very good staff." One relative told us, "The staff does genuinely care and do a marvellous job."
- People's relatives told us people were well treated, and they were kept well informed about any changes to people's agreed plan of care and support. A relative said, "I have nothing bad to say about the staff or the manager, they are always there and make this place like a home. [Name] is very settled at Rugby Avenue."
- Care staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences.
- There were practical provisions for people's differences to be observed. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, interests, culture and language.
- People who used the service planned activities together with staff. Even though none of the people practiced any religion, the service celebrated major religious days, such as Christmas, Easter and St Patrick's Day which people could take part in if they chose to do so. One care worker told us, "Equality is not only race and culture it is also that everyone is involved and engaged in things and has the same access."

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

- People who used the service were encouraged and supported to express their views about the care and support they received and were involved in choosing where they wanted to live.
- People were provided with information in the most accessible format to enable them to be involved in their care. In relevant examples, we saw social stories were used to help people participate in their care and cope with stressful situations. A care staff told us, "I always will ask people what they want, it is their decision not mine, even if I don't agree with it always."
- Contact with their relatives was very important to people who used the service. People told us that they visit or were visited by their relatives regularly. Relatives told us that the service maintained regular contact with them to update them of anything which has had happened at the service. One relative said, "I come

regularly, and the staff and manager always tell me what has happened, and I also suggest if anything should be changed."

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's independence by working with them to learn new social and life skills.
- Relatives told us about how staff took time to support people to participate in activities as fully as they could. A relative told us, "My relative is very busy and he enjoys meeting people, they [staff] help [name] to stay active and follow his dreams and wishes."
- People told us that their privacy was maintained. One person said, "I like being in my room on my own and I never had an issue and they would always knock and ask me before they can come in."
- The service ensured people's personal information was stored securely. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law. Staff understood why people's confidentiality must be respected.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service, relatives and staff had developed clear person-centred plans to ensure their needs and wishes in how they would like to be cared for were met.
- Care plans were holistic and detailed and clearly described what people expected and want from staff. People who used the service and their relatives told us that they had taken part in the care planning and care plan review process. One person told us, "I know where my care plan is and told them [staff] what I want." One relative made a similar comment stating, "[Name] has a care plan and we discussed this together with staff."
- We reviewed care records for three people. These included Support Plans, Health Action Plan and PBS Plan. One support plan viewed identified the person's strengths and talents as part of important information about the person's qualities. The support plan then proceeded to build on these qualities, in setting out the person's goals and dreams. This was also reflected in the support plans of others.

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.

- People's communication needs had been met and we observed staff talking to people at their own pace and explained things, so they fully understood the conversation.
- All people who used the service communicated verbally and some of them were able to read and write. However, the service made documents available in pictorial format helping people to understand them better.
- The regional manager told us that they were able to respond to people's varying communication needs by translating documents, using larger fonts or using electronic tablets if this suited people's needs better.
- Some people benefitted from visual timetables and schedules, which helped them to know what was likely to happen during the day and who would be supporting them. For example, one support plan stated, "I currently do not require any communication aid, but I do benefit from a more visual approach to help to structure my day, my activity planner and making a shopping list and taking time to work through these plans helps."

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 who used the service were supported to maintain relationships with relatives and people important

to them.

- People had close relationships with their relatives who were fully involved in their care.
- People accessed the community regularly with staff support if their needs required this. People had individually tailored activity plans which helped them to plan their days. This helped them to understand what happens every day and reduced anxieties. People told us that they were busy and did the activities they liked.
- People told us that they went clubbing, bowling, shopping, visited local coffee shops, museums, attended a day centre, college and went on holidays.
- Staff told us that they regularly discussed and suggested new activities to people and asked them if they wanted to try them out. For example, staff were exploring voluntary employment opportunities for one person. The person said, "I would like to have a job and staff currently help me with this."

Improving care quality in response to complaints or concerns

- Complaints and concerns by people who used the service and their relatives were taken seriously and appropriate action was taken to resolve them.
- Over the past twelve months the service did not receive any complaints. The service had a robust complaints procedure and appropriate forms in place to ensure complaints were responded to appropriately and responsibly.
- Relatives and people who used the service told us that they would raise any concerns with staff or the management. One person said, "I have no issues at the moment but a while ago I had an issue which the manager dealt with and everything is good now. One relative said, "I have no complaints but recently had a concern which I know is currently been dealt with by the manager. The regional manager confirmed this.
- Staff told us that complaints were a positive thing and helped to improve the service they provided to people.

Is the service well-led?

Our findings

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

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

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

- The service had a clear management structure consisting of the regional manager, manager and care staff. Staff were well informed of their roles and reporting structures.
- The previous registered manager had recently resigned, to bridge the gap the regional manager and a manager from a service nearby were providing support. The regional manager told us that the service was currently in the process of recruiting a new manager and an interview was planned for the day after our inspection. We were advised by the regional manager that the person interviewed was not suitable and service continued to recruit for a new manager.
- Staff told us that the manager was passionate and committed to providing quality care. They told us that the manager was visible and very supportive.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Checks had been carried out on people's care records, staff training, safeguarding, health and safety and medicines management. This helped to monitor the performance of staff and the quality of the service provided to people and make improvements.
- People, relatives and staff told us the service was well-managed. They described the manager in complimentary terms. One staff said, "[Name] is excellent she really looks out for everyone." One relative said, "[Name] is very good, nice and respectful. She very easy to talk to."

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

- There was a visible positive, open and person-centred culture at the service.
- Relatives and people who used the service confirmed care was planned to meet people's needs, preferences and interests. One relative told us, "I visit regularly and speak to staff and the manager about the care [name] receives. I feel I am well informed and involved in everything which is happening at Rugby Avenue."
- There were a range of formal systems to ensure people had choice and control over their care.
- People participated in regular meetings and discussions with staff and the manager who was visible and hands on when at the home. Staff told us, "The manager is always around, and she knows what happens here and will sort things out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.
- We saw that in the office and at the entrance pictorial leaflets were displayed providing information about how to raise concerns with the manager and the local safeguarding team.
- Staff told us that they would escalate concerns externally if they felt that the manager hadn't dealt with the issues raised.
- During previous safeguarding concerns, the service demonstrated openness and the manager was fully involved and contributed to the investigations.

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

- Staff told us that they felt involved and empowered to raise concerns. One care staff told us, "The manager takes things serious; she listens to suggestions I make and makes changes to improve the service."
- Staff demonstrated understanding about the characteristics that were protected by the Equality Act 2010, which we saw had been fully considered. For example, people and staff described the challenges people with learning disabilities may face. One staff said, "Sometimes people don't understand why [name] behaves in a certain way and I will discuss this with them when out professionally and privately."

Continuous learning and improving care; Working in partnership with others

- There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The manager and regional manager knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and the local learning disabilities team. There was also ongoing work with the local authority.
- There was evidence that the service and provider continuously looked for external training resources in particular if people had specific health care conditions and around changes and guidance in providing care and support for people with learning disabilities and autistic people.
- The regional manager and manager, demonstrated during the inspection good understanding of right support, right care, right culture and the positive impact this had on people with learning disabilities and autistic people.