Kisimul Group Limited

Tigh Calman

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

This unannounced inspection took place between the 14 and 15 August 2018. This is the first inspection of Tigh Calman since it was first registered in August 2017.

Tigh Calman is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were six people using the service. Tigh Calman accommodates six people in individual en-suite bedrooms in one adapted building. It provides a service to people with a learning disability and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. People were safeguarded by staff who knew how to recognise and report any concerns. Risks to people were identified and managed well. Sufficient staff were in post and the recruitment process for new staff had helped ensure that only suitable staff were employed. Lessons were learned when things had not always gone well and prompt actions were taken to keep people safe. Medicines were administered and managed safely. Staff adhered to the provider's policies in maintaining and clean environment.

The service was effective. People's needs were met by staff who had the right training and skills to do this effectively. People ate healthily and had sufficient quantities of food and drink. People were enabled to access health care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager worked with external stakeholders to help ensure that when people moved into the service they received consistent care.

The service was caring. People were cared for by staff and supported in a compassionate way. People's privacy and dignity was promoted and respected. Access to advocacy was enabled should people ever need this support. People were involved in their care as much as practicable. People were treated with fairness whatever their needs were.

The service was responsive. People received person centred care that was based upon their strengths and

levels of independence. Technology was used to enhance the quality of people's lives. People were supported to raise concerns when required. Concerns were responded to effectively and this helped drive improvement. Systems were in place to support people, staff and family members if any person needed support with end of life care.

The service was well-led. The registered manager led by example and ensured the staff they supported had the right skills and values. Staff worked as a team to help people and each other. Quality assurance and governance systems were effective in identifying and acting upon improvements when these were needed. People had a say in how the service was run. Feedback to staff was provided in a positive way. An open and honest staff team culture was in place. The registered manager and staff worked in partnership with others who contributed to the quality of people's care.

Further information is in the detailed findings below.

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.

Staff were knowledgeable about safeguarding and risk management systems and they implemented these when required.

Sufficient skilled staff had been recruited safely and this meant people had their care and support needs met.

Medicines were administered and managed safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

People's assessed needs were met by staff who had the right training and skills.

People were enabled to access healthcare services and they had enough to eat and drink.

People were lawfully deprived of their liberty where required and staff supported people to make decisions to be as independent as possible.

Is the service caring?

Good

The service was caring.

People were looked after and cared for with compassion.

Staff respected people's right to privacy.

Staff promoted respectful care and they understood people's preferences.

Is the service responsive?

Good

The service was responsive.

Staff provided care that was person-centred and tailored to their individual needs.

People had choice and control of the support they received; they led active and fulfilling lives.

People had access to the provider's complaints policy and procedure that was provided in an appropriate format to support people's communication needs.

Is the service well-led?

Good

The service was well-led.

People had a say in how the service was run. Staff understood the importance of enabling each person to do this.

The registered manager had fostered a culture of openness and trust within the staff team.

Quality assurance, governance and audits were effective in identifying opportunities to drive improvements.

Tigh Calman

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.

This inspection took place on 14 and 15 August and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. 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 people living with a learning disability and/or autism.

We reviewed other information we held about the service to aid with our inspection planning. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from the local authority commissioning department and the local safeguarding authority. We also received feedback from health care professionals. This was to gain their views about the service provided at Tigh Calman. Their views helped us in the planning of our inspection and the judgements we made.

We spoke or communicated with four people living at the service who could give us their views of the care and support they received. We also spoke with two relatives on the second day of our inspection. We observed staff interaction throughout the inspection. This was to help us understand the experience of people who were unable or decided not to talk with us.

We spoke with the registered manager and compliance manager. We also spoke with one senior support worker and three support workers.

We looked at care documentation for three people living at Tigh Calman and their medicines records. We

also looked at two staff files, staff supervision and training planning records. We also looked at other records relating to the management of the service including audits and action plans; accident and incident records; surveys; recruitment and supervision policies; meeting minutes and complaint and compliment records.

Good

Is the service safe?

Our findings

Staff who had received training about safeguarding assisted people to be safe. Staff understood the procedures they needed to follow to help maintain each person's safety. Information was given to people in formats to help them to understand how to report any concerns if this was required. Examples of this included using pictures of different types of harm. Staff told us they could report any concerns to the registered manager. One person, when we asked them if they felt safe, showed us by their communication (smiling) that they were safe. Another person told us they "loved it here" which staff told us was their way of saying it was safe for them. One relative told us that they had, "No concerns whatsoever" about the safety at any time about their family member. Staff's knowledge of safeguarding systems and procedures showed us they knew the different types of potential abuse and who they could report this to.

Risks to people were identified, reviewed and managed. These included those risks associated with eating and drinking, travel in the community, behaviours which could challenge others and medicines' administration. Any changes to the level of risk to people were updated. This included risks to people's swallowing being managed with medicines in a liquid format and how these were administered such as, with certain foods. liquid format of people's medicines or how these were administered. Staff shared information with those organisations involved in the safety of people's care such as a speech and language therapist or the local safeguarding authority. One staff member told us, "If I ever saw another staff member providing any care that was not acceptable or safe, I would report them. We are a responsible for people's lives." Risks to people were managed well.

The staff recruitment process included robust checks that helped ensure staff's suitability. These checks included those to establish staff's good character, that they had a clear criminal record, evidence of their previous employment history and three employment references. Where any prospective staff had a criminal record, only the provider's chief executive could sign this off. The registered manager had final oversight to decide which staff were employed. This showed that systems were in place to ensure that only suitable staff were employed.

There were sufficient staff to keep people safe. We observed and relatives confirmed that staff responded promptly when required and in response to people's requests for assistance. This could be verbal requests as well as the message people conveyed through body language and the objects of reference they pointed to. One person showed us how staff responded to them when they were anxious. We saw staff responded in a proportionate manner when people needed additional staff support. One relative told us how their family member was supported to go out when they wanted and that staff were always available for this. Staffing levels were based upon people's individual needs and fluctuated on a day to day basis according to the support each person needed. For example, during social and planned activities. The staff rota reflected this.

People were supported by trained and competent staff to have their medicines administered safely and as prescribed. Clear processes were in place for staff to follow where people had been prescribed medicines to be administered covertly. This was in line with the Mental Capacity Act 2005 (MCA). This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking

medication but this in the person's best interests. Medicines were administered, stored, recorded and disposed of safely. We saw that people were administered their medicines during the day and that these were evenly spaced.

Processes were in place to ensure people were not given medicines where other strategies could achieve the same result such as, early interventions by staff when people showed signs of distress. People's medicines administration records were accurate and staff had accounted for each medicine correctly. People's medicines were administered and managed safely.

Systems were in place to support the prevention and control of any infections including training for all relevant staff about infection prevention and control. Examples of this included a planned programme for cleaning and hygiene such as, food hygiene procedures as well as the safe disposal of any contaminated waste. We found the service looked and smelt clean. Staff adhered to the provider's policies by wearing protective clothing including gloves and the segregation of cleaning equipment. This helped prevent potential infections as well as reducing the risk of them spreading.

Lessons were learned when things went wrong. Investigations were undertaken when safeguarding and other incidents occurred including situations where unexplained bruising had been identified. Prompt actions were taken to ensure people were safeguarded and actions such as, increased monitoring of people's safety, being put in place. The registered manager worked with the local safeguarding authority to help ensure people were supported to be as safe as practicable.

Good

Is the service effective?

Our findings

Each person's assessed needs were met by staff who knew how to best meet these. People's care was based on national care standards such as those associated with behaviours which could challenge others. This assessment followed a phased approach which aimed to gain an understanding of why any such behaviours occurred. Staff were trained to identify what any potential trigger could be such as, noisy or busy environments. We saw how staff reacted calmly to situations, such as when people became anxious. This also included monitoring them, giving them their own time and space to become calm and then undertaking an activity the person liked such as, watching a DVD and staff interacting with them whilst they did this. After one person had calmed down we saw them sitting on the trampoline with their one to one support worker, listening to music through their headphones and smiling. Staff with the right skills worked together with each person to successfully resolve challenging situations.

Staff met and assessed people prior to them moving to the service, enabling them to understand people's needs and ease the transition to living at the service. Two staff members were seen chatting to a newly arrived person in the dining room and helping them to decide what they would like to do. The person had been visited by staff in their previous placement twice and on arrival three days earlier they had been accompanied by their previous staff and parents. Staff had already learned that the person liked to have a schedule. The person asked, "What's on my schedule there?" We saw that staff offered activities associated with the schedule including, choosing crayons to colour with. Staff got to know people well at an early stage.

Equipment and technology increased people's independence. These included tablet computers, access to the internet, e-mail and video communication with family members and friends. This helped with the prevention of situations which could cause people distress equipment. A separate WiFi system was in place just for people to access. One relative told us, "I call my [family member] every day by telephone. We have a chat and if they don't want to talk with me I fully understand. It's so much better that they can do this now after a settling in period. I don't have any worries at all. The staff are wonderful and know my [family member] so well."

Staff were trained in subjects which related to people's care including positive behavioural support for non-physical interventions, the MCA, sign language and autism. Other support was provided to staff through e-learning, face to face training and shadowing experienced staff. One staff member said, "My induction was thorough. I have worked in care before but I had to complete all of [this provider's] training. I am not shy to ask questions of senior care staff and they give me the right guidance so I know exactly what to do." People's health assessment took account of their communication needs, especially where they had limited communication-. This was to prevent the risk of any discrimination where people could not easily communicate health issues.

People had positive behavioural support plans to prevent challenging behaviours occurring. People were at the centre of their care needs assessment. One person showed us their DVD player and their favourite film which helped keep them happy. This enabled staff to implement strategies at an early stage to calm the person when they began to show any signs of distress.

People were supported to eat and drink a healthy balanced diet. We saw that pictures of items and objects helped people inform staff of what they wanted such as, food and drink. We observed people eating their meals and staff supporting them with their independence. Two people were going on a trip to the seaside and were eating lunch on the way. People ate their meals in places which gave them most benefit including lunch in the dining room.

People had helped to prepare lunch and having this meal in a quiet place in the summer house in the garden. One person told us they enjoyed their lunch by saying, "Yes" and putting their thumb up. People had face to face meetings with staff to help them decide where it was best for them to eat. People were involved in choosing their food and drinks by staff who taught new skills to give people additional independence. This involvement gave people meaningful activities which helped prevent situations which could cause people distress. One person showed us their clean plate and said they "loved" the pudding. One staff member told us, "We always try verbal communications but people can choose their meals by pointing to pictures on the wall or from their tablet computer symbols they pointed to."

Health care practitioners were involved in people's care when needed including psychiatrists and speech and language therapist. Records showed us that a GP could visit if required and that people could visit a dentist which supported people to access relevant information about dental care and treatments. People lived healthier lives as a result of these check-ups and treatments.

Health action plans were in place for people and these helped staff to determine the health care support each person needed. Where people were anxious, staff introduced them to the local hospital through phased visits. They looked at photographs of the hospital and then visited just to have a drink there to get used to it. We saw how this benefitted people by increasing their independence and reducing their anxieties. A relative said, "The difference to my [family member] in seven months has been amazing. People lived healthier lives because of the ways they were supported to access health care services.

People benefitted from appropriate changes to the design and decoration of their premises. Changes and adaptations were made to the places where people lived. For example, colours that were calming and brighter as well as windows with restrictors and encased TV screens.

The 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Non-verbal communication was valued and promoted by staff as a valid means of communication. They made reasonable adjustments for people's communication and they were familiar with a variety of communication approaches including signing, symbols and objects of reference. People were supported to make decisions about their care and staff supported people when required.

Detailed records showed us how people's mental capacity to make decisions had been determined. This included decisions people could make as well as those they needed support with such as a person using the service who needed to be deprived of their liberty to keep them safe. Policies and procedures as well as staff training on the MCA helped identify any person who may need advocacy or care in their best interests. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. People were continually offered choices in all areas of their care and wellbeing. One

staff member said, "I might go into town with someone but that is to ensure they are safe but able to be independent." People were only deprived of their liberty where this had been lawfully authorised and restrictions on people's liberty were in the least restrictive manner.

Good

Is the service caring?

Our findings

People's care was provided with compassion. We saw staff knocking on people's bedroom doors to check if the person wanted them to enter. Staff showed equal empathy to people who used non-verbal communications. For example, we saw how staff responded to a person who had become anxious by going to their room. Staff kept the door just slightly ajar to make sure the person had privacy but was not unduly monitored. Throughout our site inspection we found that despite challenging situations for staff, there was always an atmosphere of calm. Staff were seen putting positive strategies into place and dealing effectively to alleviate any person's distress such as, staying close to the person.

We saw how staff understood what people told them and how they responded in a calm way. Staff promoted people's independence and respected their privacy. One person communicated to us that they felt well cared for by laughing and smiling. Staff told us and records showed us that these communications meant happiness to the person. We saw that when another person made noises associated with anxiety, their care staff were calming them and saying, "Don't worry." Staff sought and used accessible ways to communicate with people such as verbally, by sign language, picture communication cards and pointing to objects of reference including items of food. Successful interventions were developed with full involvement of the person and if required their family.

People's care plans were detailed, in a format that involved them as much as practicable and they gave staff sufficient information to provide person centred care. For instance, using people's life histories and background to establish effective means of support that promoted people's wellbeing. We saw that staff did this in a meaningful way and that they responded kindly but respectfully. Examples of this we saw included when one person moved towards a member of staff to touch their hair. This was a known calming measure the family members had introduced. The member of staff took out their hair band so that their hair was loose. When it appeared that the person might pull staff's hair, the person's one to one support worker asked them to leave the room which they did. This was in a way the person preferred and showed us how well staff understood people.

People were enabled to express their views and to have an active involvement in their care. People were given the time they needed with one to one support from staff when required including when out in the community. Regular face to face meetings with staff were in a place. This assisted the person to remain as calm and as anxiety free as possible such as, in their own room or outside in the gardens or sitting on the trampoline.

People with a learning disability or autism sometimes need help to understand social situations and how other people around them think. One staff member told us, "Sometimes we use social stories to help people understand situations they would otherwise struggle with." A social story is a short story written in a specific style and format such as, through pictures and text as opposed to speech or observation. They are used to describe what happens in a specific social situation and present information in a structured and consistent manner. For example, to help people prepare for a new situation and help them and to respond appropriately including seeing a chiropodist. People benefitted from the accessible information they were

given.

Staff promoted people's independence, privacy and dignity and staff showed people respect in activities of daily living and personal care. One relative told us, "My [family member] would be the first to tell me if they felt in anyway intimidated. They never have done though. Whenever I visit them the staff are all so nice and kind." Our observations of people's care showed us how considerate and compassionate staff were when people became upset. For example, staff provided a person reassurance and gave them information which they could understand when they would next be seeing their relatives. We saw that this helped the person to be calm and contented by having these assurances. People were treated without discrimination and they were enabled to live as normal a life as possible. For example, accessing programmes of education including animal husbandry.

Staff enabled people to go to see parents at their home as well as visiting other relatives and friends. One relative said, "I visit regularly, it's never an issue. If my [family member] ever gets upset they can call me and staff enable this if it is felt necessary. Their need to do this has reduced significantly as they have settled into their new home. I can't praise staff enough. They are all amazing." People received care from staff who understood how best to promote people's independence.

Good

Is the service responsive?

Our findings

A person-centred approach was used to respond to people's individual needs including those for communication. We saw how one person was supported to attend an educational course when they needed to do this. A relative told us that their family member loved animals and this was exactly what the service had facilitated. We saw how staff had worked hard for another person whose bedroom had been personalised. For example, with the person's favourite boy band poster. Other individual aspects of care had been introduced including specifically coloured fluffy towels and bathmat and a double bed sized duvet the person preferred on their single bed. This was as well as going to the seaside for a day out and enjoying various games that people loved to take part in and wished to do again to increase their independent living skills.

People contributed to their care and how this was provided as much as practicable. This was enabled by people using technology, including computer tablets and applications, in addition to social stories to help them with this. Staff supported people to invite staff and invited relatives or social workers to also contribute their views. People only shared their information, in their preferred format such as, pictures where they had agreed to or where it was in their best interest. People were encouraged to follow their interests and one example of this was one person who attended college. The registered manager had engaged with college managers to ensure the consistency of this with the college through the summer term holiday period. This maintained the person's wellbeing as well as completely meeting their favourite pastime of caring for animals.

People's care plans were detailed, centred on the person and included what people's aspirations were. One relative told us that, "It was as if the provider had a magic wand." This was because their family member had isolated themselves much of the time before moving to the service. The relative said, "[My family member's] life has been transformed. It is so nice to see how much less challenging they have become and how independent they are now. They even clean their teeth and staff have been instrumental in achieving this. [Family member] has never done this before." We saw how detailed the person's care plan was, including staff how ensured the person did not brush their teeth too hard. The relative also told us that staff would go out of their way to get an item of food if it wasn't in the service. Staff supported them to go shopping, prepare and cook the food with the person. People's lives were transformed by staff who understood what person-centred care was.

The registered manager told us they were aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability. People's communication and sensory needs had been assessed and planned for. We saw that where required, people's support plans had been developed in an easy read format to support people. This was to help ensure that people had as much choice and control over their care as possible.

We observed during our inspection that tradespeople were installing new windows and that the fire alarm system was being tested creating unavoidable noise. To prevent any unnecessary and unwanted anxiety,

the registered manager had arranged for people affected by noise to be out doing their favourite pastimes including attending college courses, going to the seaside or just being outside in the gardens. Staff considered the impact of change in their routines and took relevant actions to minimise any potential impact.

People were enabled to raise concerns about their care including making a complaint. People were presented with information in an accessible format and helped the person to communicate their concerns. For example, using symbols, pictures, signs, assistive technology and clear jargon-free text. Information was also given to people in larger print text and in small sentences. Staff took time to understand what people were telling them. This helped people have the outcome they wanted.

One person showed us how they would use their computer tablet to tell staff caused them to be upset. A relative told us that their family member had been given a life they might not have had. The relative said, "[Staff] used strategies to help my [family member] cope. They would leave the room door slightly ajar to not shut them out completely. Over time, they no longer need to do this." Because of this the person had reduced their need to show their unhappiness and that they continued to be a much more able person. Concerns were responded to, acted upon and resolved before they ever became a complaint. All practicable steps were taken to help people convey any concerns should they arise. People's concerns were used as opportunities for staff to learn and drive improvement.

No person using the service had a need for end of life care. Policies and procedures were however in place to give staff and family member's guidance on those services who may be involved including the palliative care teams, health professionals and bereavement counselling. The registered manager told us that many of these decisions would be in people's best interests. Information was available to communicate to people how they would like to be supported at the end of their lives. Staff were provided with end of life care training as well as having discussions with relatives on people's preferences if this was possible. Other decisions were made where this was in the person's best interests such as where they could be cared for if the need arose.

Good

Is the service well-led?

Our findings

The registered manager kept themselves aware of the day to day staff team culture and management of the service. 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.

They were supported by a compliance manager, a staff team including senior support workers and other representatives of the provider. A relative told us that as a result of the management team's input, their family member, "Had been on an amazing journey. In 12 months we just can't believe how independent and happy they are. Now they are so settled and this has been down to the staff team. They are all brilliant." The relative also added that their family now had the life they might never have previously had and that this had been down to the whole staff team. One staff member said, "I absolutely love working here. It is the difference we make each day. Even when things don't go as planned, we always do our utmost to put people first." Staff with the right skills and values strived to improve the quality of people's care and how they lived their lives.

The registered manager promoted openness and transparency as well as equality and inclusion. One relative told us that the registered manager always listened and acted on suggestions to prevent their family member isolating themselves such as, the use of social stories. A poster displaying a whistle blowing policy was on display in the staff toilet as well as in the main house. One staff member said, "If I ever observed any poor care, which I never have, I would speak with [registered] manager straight away. I know I would be supported as they have an open-door policy and are always willing to listen."

The registered manager was aware of their responsibilities. The registered manager had notified us about events that we are required to be such as safeguarding incidents. They had various systems to monitor and improve the service. These included spot checks to observe staff member's care practise, audits and meetings with people, their relatives and staff. All staff we spoke with showed passion about being proud to work at the service.

The registered manager planned and organised staff member's training, supervision and support including meetings. They had used guidance from organisations including the British Institute for Learning Disabilities and the National Autistic Society. This helped them to inform good practice as well as identifying any staff development opportunities in response to people's changing needs.

The registered manager told us that they only recruited staff who showed the right aptitude. This had been facilitated by the registered manager who gave prospective staff the opportunity to spend time at the service with staff to shadow them to see if the role was for them. Staff were employed where they exhibited the values of the provider in providing care that was to the right standards.

Staff were reminded of their responsibilities during formal supervisions, meetings and day to day contact

with the registered manager. One example we saw that staff had acted upon was making sure the services access gates were always kept locked. One staff member told us, "I do feel fully supported. The [registered] manager is regularly popping in to see how we are, at night and some weekends. They are a fountain of knowledge and help us ever so much." Staff were given constructive support to develop their skills.

Governance, quality assurance and audits were in place and these were effective in driving improvement. Any issues identified were acted upon promptly such as, staff making sure they always wore the correct protective clothing. The compliance manager told us that they had visited the service every week when it was first registered but now it needed less support this had reduced to bi-weekly. They based some of their audits on the way the Care Quality Commission inspects services to make sure the service was well-led. Part of their input had helped to ensure the registered manager provided people with compassionate care that met their needs, was safe and was responsive to any changes.

People had face to face meetings with staff and this opportunity was used to involve them in deciding how the service was run. One person showed us how staff had given them more independence by enabling the person to wear spectacles and this had literally "opened up their life". A relative said, "[Staff] are so good at adapting situations and engaging with my [family member]. Staff provided solutions, not distractions."

We saw that because the service provided the right support, people were given a sense of ownership and belonging where they could access the community easily. One relative told us how their family member had been rock climbing, swimming and clothes shopping. The service enabled people access to local facilities included educational establishments which the provider had tailored specifically for people's needs.

The service, its registered manager and staff team worked in partnership with key stakeholders such as, the local safeguarding authority, social workers, educational providers and health professionals. People benefitted from information that was lawfully shared including changes to people's format of medicines, behavioural support plans and living with people with shared interests such as going swimming or to the seaside to enjoy interactions with animals on the beach.