

Options Autism (2) Limited

Options Watermill Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Outstanding



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

This inspection took place on 10 and 16 November 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care

Act 2008 and associated Regulations about how the service is run. There was a manager registered with the Care Quality Commission [CQC]; they had been registered since December 2010. At the last inspection on 28 October 2013, the registered provider was compliant with all the regulations we assessed.

Watermill Lodge is registered with the CQC to provide accommodation and personal care for up to four younger adults with a learning disability, autistic spectrum disorder and associated complex needs. Many of the

Summary of findings

people the service supports had previously challenged traditional services and require bespoke and flexible support packages. There were four people living at the service at the time of our inspection.

Accommodation consists of four purpose built, individual self-contained ground floor flats in the grounds of Watermill House. Each flat has a bedroom, lounge/dining area, with shower or bath depending on people's preference, and a fully equipped kitchen. An office and laundry room are also provided separately within the building. This meant that people who used the service had the opportunity to practice their independence skills and continue to develop these further with a view to living more independently in the future, should they wish to do so.

Every flat had access to its own garden area, which people are involved in maintaining. Other on site facilities included; a sports hall, an activity barn, a woodland area, sensory room, computer room, external gardening, hydrotherapy pool and specialist outdoor activity equipment.

An outstanding feature of Watermill Lodge was the time spent developing the service, using creative and flexible ways to support people to move forward. The environment had been carefully considered and specialist adaptations provided to ensure a homely environment for people, whilst meeting their individual needs. The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential.

Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks of choosing particular actions over others, in order to support people to live lives in as ordinary a way as possible. In delivering this consistent approach people were supported to try new things and make changes in their lives. The registered provider, the registered manager and staff had an excellent understanding of managing risks and supported people that had previously challenged services to reach their goals and fulfil their aspirations. Thorough systems were in place to protect people from the risk of harm or abuse. People lived in a safe environment that had been designed and adapted to meet their specific needs.

The registered manager ensured staff had a clear understanding of people's support needs whilst recognising their individual qualities and attributes. Staff were positive about the support they received from their managers. They were encouraged to be reflective in their practice and strive to support people to move forward.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. People had positive relationships with staff, who understood them well and used their shared interests to help people live interesting lives. Staff were skilled at ensuring people were safe whilst encouraging them to challenge their potential and achieve as much independence as possible. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service'. Staffing levels were flexible and provided based on individual needs. The registered manager and team demonstrated passion and commitment to providing the best care possible for people, celebrating individual's personal achievements with them.

Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on least restrictive best practice guidance to support people's safety. The guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

There was a strong person-centred culture apparent within the service. Person centred means care is tailored to meet the needs and aspirations of each individual. People were encouraged and involved in planning their support to enable them to receive a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs. Throughout our inspection we saw the service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives.

Relatives confirmed both they and their family members were included in decisions and discussions about their care and treatment.

Staff described working together as a team, how they were dedicated to providing person-centred care and

Summary of findings

helping people to achieve their potential. Staff told us the registered manager had strong leadership qualities, led by example, promoted an 'open door policy' and was visible within the service, making themselves accessible to all. They told us the registered manager had strong values in promoting the delivery of best practice.

The people who used the service had complex needs and were not all able to tell us fully about their experiences. We used a Short Observational Framework for Inspection [SOFI] to help us understand the experiences of the people who used the service. Staff were observed to treat people with respect and dignity and it was clear they knew people's needs well.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an in-depth comprehensive induction. Staffing was flexible, and provided on an individual needs led basis to meet people's health and welfare needs.

The registered manager ensured staff had a clear understanding of people's support needs whilst recognising their individual qualities and attributes. Staff had the skills and knowledge to meet people's needs. They received training and support to equip them with the skills and knowledge required to support the people who used the service. Training was based on current best practice and guidance, so staff were provided with the most current information to support them in their work. A clinical team was available to support staff further with specialist training and advice.

Staff had received training in dealing with concerns and complaints and knew how to report any concerns. There was a clear complaints procedure in place which was also available in pictorial format. Records and discussion with relatives and the registered manager showed that people were listened to and complaints or concerns were taken seriously and responded to appropriately.

Medicines were ordered, stored, administered or disposed of safely. Personalised support plans had been developed to ensure people received their medicines in line with their preferences.

People who used the service accessed a range of community facilities and completed activities within the service. A vocational life skills supporter had been appointed to promote further structured activities based on individual need and preferences. People participated in a range of personal development programmes. Individual programmes were designed to provide both familiar and new experiences for people and the opportunity to develop new skills. One person had been supported to develop their literacy skills and was working towards a recognised qualification. People were encouraged to follow and develop social interests and be active and healthy.

People's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any concerns. We observed staff treated people with dignity and respect and it was clear they knew people well and their preferences for how they wished to be supported.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were very highly motivated and proud of the service. The service had developed and sustained effective links with organisations that helped develop best practice.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of harm and abuse because the registered provider had systems in place to manage risks. People were supported to take positive risks, enabling them to be as independent as possible.

Staffing levels were flexible and determined by people's individual needs. Robust recruitment procedures ensured people were only supported by staff that were considered suitable and safe to work with them.

Medicines were managed safely. The registered provider had effective systems in place to manage accidents and incidents and learn from these so they were less likely to happen again.

Good



Is the service effective?

The service was outstanding in ensuring people received effective care and support.

People received innovative care and support that was based on their needs and wishes from a team of well-skilled staff.

Staff understood how to protect the rights of people who had limited capacity to make decisions for themselves. People were supported to be involved in decisions about their care and treatment.

Staff were skilled in meeting people's needs and received on-going support from the registered manager through regular supervision and training to ensure they delivered the best possible care.

Arrangements were in place for people to receive appropriate healthcare when this was required. Staff worked with healthcare professionals to ensure they could support people effectively and understood their individual needs.

The environment was arranged to provide positive living, learning and social experiences. There were extensive facilities on site to support people's care, therapy and leisure needs and where they were able to practice and further develop their independence skills.

Outstanding



Is the service caring?

The service was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture. People enjoyed positive relationships with staff that were based on respect and mutual interests.

Staff were enthusiastic, well-motivated and committed to supporting people to achieve their potential. Professionals told us the service had a 'brilliant' staff team who were knowledgeable and skilled in meeting people's needs.

Outstanding



Summary of findings

People who used the service were supported to maintain important relationships and encouraged and enabled to express their views and have their voices heard.

Is the service responsive?

The service was outstanding in responding to people's needs.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. They were supported to make choices and have control of their lives and were encouraged to take part in chosen activities.

Staff understood individual's complex communication needs because detailed information was available to them that described each aspect of the person's communication and its purpose. This ensured people were supported to achieve their goals and increasing independence.

The service was flexible and staff responded quickly to people's changing needs. Care and support needs were kept under review.

Visitors were made welcome at the service and facilities were provided on site for them to stay and spend time with their family member.

Outstanding



Is the service well-led?

The leadership and management and governance of the service, was outstanding and assured the delivery of high-quality, person-centred care which supported learning and innovation.

The culture of the organisation was honest, open and inclusive, which enabled staff to feel able to raise concerns. There was a range of methods for staff to be included in the development of the service and to express their views.

Staff were well-motivated, worked together as a team and dedicated to providing person-centred care and supporting people to achieve their potential. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

The service worked in partnership with key organisations including specialist health and social care professionals. Professionals were very complimentary about the way in which the service worked collaboratively with them to ensure people's holistic needs were met. They provided training for community based services in order to promote understanding and inclusion. This enabled professionals to work effectively with people who used the service to meet their health care needs.

Outstanding



Options Watermill Lodge

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 and 16 November 2015 and was unannounced. The inspection team consisted of one social care inspector on both days of the inspection.

Prior to the inspection, we spoke with the local authority contracts and performance team about their views of the service and received a report they completed of their last visit to the service; no concerns were raised. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

During the inspection we observed how staff interacted with people who used the service. 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 were unable to speak with us. We spoke with one person who used the service, the relatives of two people who used the service, two professionals, the registered manager, the deputy manager, a house manager, the PRICE [Protecting Rights in a Caring Environment] co-ordinator, a team leader, the vocational life skills supporter and two support staff.

The care files for two people who used the service were looked at. We reviewed how the service used the Mental Capacity Act 2005. Other documents we looked at included documents relating to the management and running of the service. These were three staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, quality assurance audits, and maintenance and equipment records. We also reviewed records of complaints, accidents and incidents and medication administration documents.

Is the service safe?

Our findings

People told us that they felt safe using the service. They told us “The staff are my friends, they help me stay safe.” Relatives told us they felt their family member was safe and comments included, “For the first time ever we know he is safe. We are so pleased we have found this place for him, everything is fantastic, absolutely fantastic” and “When he first came here we were a bit wary when they told us they were going to introduce cooking. We spoke to them about it and they told us it would be done in carefully planned small steps. He hasn’t looked back they have released so much potential with the care they give him.” Another told us, “Definitely, of course he is safe. He is a happy and contented young man managed exceptionally well by [Name] and the teams and his life is now worth living.”

Professionals told us, “I have always been very impressed with the service. The people who use the service have very complex needs and the staff are skilled and knowledgeable and fully promote people’s independence.”

The registered provider had clear detailed policies for safeguarding children and adults from harm and abuse. This provided staff with information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support. In addition to this a ‘cause for concern form’ was also in place. This form was available for use by both people who used the service and for the staff team and was available in both written and other suitable formats. It was used to share any concerns they may have, for example, staff practice. These forms were then submitted to the registered manager or other senior managers who would review the information and take appropriate action where this may be required. We saw that any ‘cause for concern’ raised was taken seriously and promptly investigated. Policies and procedures were on display in the office and available to each person in easy read format.

Staff we spoke with told us they had received safeguarding training and received regular updates. They described to us how they safeguarded people from the risk of abuse; the different types of abuse and the action they would take to report concerns. The registered manager had received safeguarding training and we saw they had followed policies and procedures when reporting incidents. We found that when the local authority safeguarding team had

asked the registered manager to investigate areas of concern, an independent manager was used for the investigation process and these had been completed appropriately and in a timely way.

Safeguards were in place for people’s finances, weekly checks were made to ensure correct procedures for the management of funds were being adhered to in order to safeguard people’s monies. Relatives told us they were able to check their relatives finance records at any time.

The registered provider followed robust recruitment and selection processes to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for three staff and saw appropriate checks were completed before they started work. Staff files seen contained evidence that pre-employment checks had been completed and included written references, evidence of the applicant’s identity and Disclosure and Barring Service clearance [DBS].

There were enough staff on duty to meet people’s needs and provide personalised care and support with activities; this was kept under constant review in line with changing needs. Staffing levels were determined and provided in line with individuals assessed needs, with some people receiving one to one or two to one levels of staff support at different times of the day. During discussions with staff, they told us they felt there were sufficient numbers of staff on duty to meet people’s assessed needs and with activities. One member of staff told us, “We always work together to support the people living here as they need a structured and consistent approach. There is always enough staff on duty, but if we need additional support we can call on our colleagues” and “There are always plenty of us about and senior staff will support us too.”

Staff were observed working in people’s flats with them, supporting them with daily tasks or going out with them to undertake community based activities. We saw one member of staff based outside of a flat and when we approached them, they explained the person had requested they leave their flat and come back later. After checking the person had everything they needed the staff member had explained they would base themselves outside and wait for them. The person’s care plan detailed this was the agreed approach staff should take in this situation. We saw staff responded quickly to people’s requests in a kind and caring way and offered reassurance when this was sought.

Is the service safe?

The registered provider's risk management policies and procedures promoted the ethos of supporting people to have as much freedom and choice in their lives as possible. Staff we spoke with told us they understood people needed to be exposed to some risks as part of their development, as long as it was planned for and they were not put at unacceptable risk. They gave examples of where with appropriate risk assessments in place and staffing levels people could be supported and enabled to do anything they wanted to. For example one person had been supported to follow their interest in fell walking.

Care files seen contained assessments of risk for all areas where a need had been identified. These included: accessing the community, travel, taking medication and behaviours that may challenge the service or others. These were developed with people and their representatives and showed how people had been supported to reduce risks. These were reviewed and updated as needed and changes were discussed with the person involved. Relatives confirmed they were also involved in this process. One relative told us, "He has made so much progress having been given the opportunity to try new things within a safe and structured way, so he knows what to expect. This has developed his confidence and he has excelled. He was never given this opportunity before in previous placements."

Staff gave examples of how any community facilities were visited by staff prior to being accessed in order to risk assess each environment. Following this, individual risk assessments would be put in place for each individual. This meant that people were able to participate regularly in events within their local community in a safe way.

The registered manager reported back to the registered provider on all accidents, incidents and interventions. These reports were analysed by senior management in order to identify any emerging trends and patterns and to determine if least restrictive practice had been implemented. This ensured any learning was identified and

adjustments made to minimise the risk of the incident or accident occurring again. Where any additional actions were identified as being required to reduce risks, we saw action was taken.

We saw medicines were well-managed and people received their medicines as prescribed. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were regularly reassessed by the deputy manager on a regular basis. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines. Support was received by the local pharmacy, which dispensed people's medicines into a monitored dosage system. Records showed that a full audit of medicines, including people's Medication Administration Records [MARs], was undertaken each week. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them.

The registered manager described the procedures in place for dealing with foreseeable emergencies. Each person who used the service had a 'disaster planning consent form' which identified where they would be accommodated in the short term whilst alternative arrangements were made within the wider organisation. Watermill Lodge is one location which is part of a large organisation. There are other locations situated a short distance away and their facilities could be used on a temporary basis.

A fire safety policy and procedure was in place, which clearly outlined the action that should be taken in the event of a fire. Individual fire safety risk assessments had been carried out and care plans identified how people would be evacuated in the event of a fire. Designated first aiders and first aid boxes were also available throughout the service.



Is the service effective?

Our findings

People we spoke with told us they were happy with the care they were receiving. One person said “This is my home and I like it here.” Relatives told us they had confidence in the staff team and felt they were well-skilled. One relative told us, “I have every confidence in the staff; they see my son as a person first and foremost. He is always seen as an individual first, as a young man and they strive to improve his lifestyle” and “He had never done anything in previous placements, he does everything now, the change is unbelievable.” Another told us, “People are trained and fully supported to work with people with autism, they not only support our son, but us as a family too. They are brilliant.”

Professionals who visited the service told us, “They are always very well-organised, so if any type of medical intervention needs to be carried out, a best interests meeting will be held and we will discuss how the person can be supported effectively, by both the medical practitioners and staff throughout.” Another told us, “The staff are very skilled at recognising any untoward symptoms which may indicate people are unwell and get in touch with us quickly. They work with us to ensure people can be effectively supported during any medical appointments. Staff are extremely knowledgeable about the people they support.”

People received an outstanding level of effective care based on current best practice for people with autism. The service was accredited by the National Autistic Society, employed a behavioural specialist in autism to train staff and participated in a wide variety of forums to exchange information and best practice. Every effort was made to assist people to be involved in and understand decisions about their care and support. This greatly enhanced people’s self-esteem, quality of life and confidence.

The registered manager explained to us how they would constantly strive to find ways of working effectively with people to promote their personal growth and independence. They gave an example of a vocational life skills supporter [VLSS] having been appointed within the service following an increase in incidents of challenging behaviour from one person demonstrating their reluctance to access off-site activities. Following the appointment of the VLSS, the person had only declined to attend one session over a six-month period. In addition to this, they

had also positively engaged in other off-site community based activities, including eating out, doing their personal shopping and engaging in activities with their peers. They were also working towards accredited qualifications within these sessions. This demonstrated the positive outcomes the introduction of the strategy had contributed towards.

The VLSS appointed had previously worked within the service and knew each person well. Having the knowledge of each individual, they were able to structure and plan activities based on each individual’s personal preferences. If people declined to attend activities when this was offered, the VLSS would return later and ask again. We observed during the inspection that this approach had been successful and people were approaching them to ask when their activity session was, they responded kindly to the people and reminded them of the time of their next session. When one person declined to engage, they explained they would return later. After a few minutes we saw them return and ask the person again and on that occasion they responded to their request and went with them.

People were offered a choice of activities and those people without verbal communication were offered additional verbal prompts and shown boxes of different equipment for example; woodworking tools, musical instruments and art materials, so they could make their preferences known. One person had been supported to develop their literacy skills and was now able to read a menu when they went out to eat, as well as working towards a recognised literacy qualification.

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. Throughout the inspection we witnessed staff gaining people’s consent before care and support was provided. People’s capacity to consent to care and treatment was assessed when they moved to the service. Documents reviewed showed Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and people’s relatives wherever possible.



Is the service effective?

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. There were four people who used the service who had a DoLS authorised by the supervisory body. These DoLS were in place to ensure each person received the care and treatment they needed and there was no less restrictive way of achieving this. Records showed there were no specific conditions attached to this authorisation.

A relative told us “The first time we went in and capacity was discussed we couldn’t believe it. No one in previous placements had ever asked us before.”

Staff had received training in the Mental Capacity Act 2005 [MCA] and they were clear about how they gained consent to care and support prior to carrying out tasks with people who used the service. Staff said, “We always assume people have capacity first and everyone here is able to make decisions for themselves on different levels, like choosing what they want to wear or eat. Everyone has had capacity assessments and information about this is in their care files.” Another staff member told us, “Where decisions need to be made and someone is considered not to have capacity, a best interest meeting will be held and discussed with the individual, their family and other professionals.” A member of staff gave an example of where a best interests meeting had been held following an incident in a vehicle where someone had undone their seatbelt, putting themselves at risk. After consultation with the person and everyone else involved in their care a best interest decision was made that a ‘harness’ type of seatbelt would be used, to help to keep the person safe during journeys and to continue with their daily lives. Records were maintained of every occasion the harness was used and regular review meetings held. They told us the person still used the harness but on their own terms and only on occasions when they recognised they felt anxious.

Staff told us about the person centred and creative communication support plans that were in place, these covered every aspect of people’s communication needs including behaviours used for communication purposes by each individual, for example to demonstrate they wanted to go out or were in discomfort. This information informed

staff of how each individual communicated and detailed their role in promoting effective communication. In addition, staff were able to show us files they had developed with people to further promote and enable choice. One person had developed more verbal skills using these. Initially staff used photographs of different places in the community with them to support them to choose where they wanted to go. Although this is still used the person will now say to them ‘Somewhere else’ until they have found the photograph of the place they want to go to. We observed staff working with people in different ways throughout our inspection and saw they were patient and conscientious in their approach. Each individual was seen to use different ways of communicating and it was clear from staff practice they knew what these were for each person they supported.

The registered manager told us how this creative and person centred approach had reduced behaviours. An example was given for one person who had previously used changing behaviours to express their needs which often had created challenges, particularly about going out or any attempts to engage them in any type of activity. The clinical team had worked alongside staff and the individual to develop a communication support plan which reassured them about what was happening now and what was happening next. The process of going out was broken down into small steps which were acceptable to the person. Over time and with support they began to go out, since then they have participated in trips out, holidays and enjoys a full range of activities, including trips to the local shop where they are greeted by the staff there. They had also recently moved into their own flat following the implementation of this effective approach leading to his progress.

Relatives told us, “[Name] and her teams have achieved this by true team work, management, dedication to duty and work, an exceptional knowledge of autism and excellent communication skills with me. At first my son was so bad that he could not leave the premises, but by the sheer determination and the dedication of everyone involved, he has a totally different life now, one which is meaningful.”

Care files looked at contained clear guidance for staff in how to meet people’s assessed health needs. People were supported to attend health appointments, for example, doctors, dentists and opticians. Where there was difficulty



Is the service effective?

with supporting people in accessing community services, professionals liaised with staff to provide private consultations at Watermill Lodge to ensure people's health needs were met. Each person had a personalised health action plan in place, which detailed their specific health needs and provided guidance for staff about how to monitor and improve people's health. Staff worked closely with other professionals in order to effectively support people's health needs, for example with epilepsy liaison nurses.

People's nutritional needs were assessed prior to admission. Care records contained risk assessments, food preferences, likes and dislikes and the level of support each individual required. People were supported to develop their skills and were involved in planning menus, shopping for ingredients and preparing meals. Staff told us how in supporting people to do their own shopping for ingredients, people were more interested in trying new foods or picking up items in the supermarket they liked, but had not always included in their menus. This empowered people further in the decision making process. We saw when people's needs changed appropriate referrals were made quickly.

A speech and language therapist and psychologist were employed by the organisation and were available for support and advice when this was required. These health care professionals worked with the individual, staff and other professionals to develop and implement support plans, risk assessments and positive behavioural support plans when needed. For example, when accidents and incident reports identified any increased frequency or trends, professionals were available to visit the service and spend time carrying out observations of the individual involved. Their observations were then discussed at the multi-disciplinary meetings and the person's personal care plan and risk assessments reviewed with the individual and the staff supporting them. The professionals would consider whether staff required further training and development or support with work practices in order to maintain a positive behaviour support approach. Where this was identified, mentoring and shaping of best practice would be provided to the staff team in the form of practical workshops based on the specific behavioural support needs of the individual in order to support both the individual and the staff group.

We looked at training records and saw that staff had access to a range of training which included; safeguarding, food hygiene, first aid, infection control and health and safety. Newly appointed members of staff praised the level of induction, training and support invested in them to prepare them for the role expected of them. Staff told us that they had the opportunity to develop within the organisation and the same level of support and training was made available to them when they were appointed to more senior roles. They told us, "When I was appointed to my role, the manager and deputy manager really supported me, they were always there to answer questions and advise me. I hope I do the same for my staff team."

Other training included; autism, epilepsy, DoLS and MCA. Further service specific training was provided in least restrictive practice interventions and behaviour management strategies. These included autism specific training and protecting rights in a caring environment [PRICE], which were British Institute for Learning Disabilities [BILD] accredited. Training was further supported by in-house trainers and co-ordinators who were available for advice and support. Staff told us they were able to request any training which they felt would support them to develop within their role.

All new staff were expected to complete the foundation for knowledge level 2 Diploma in Health and Social Care, the care certificate and an induction based on good autism practice running alongside this. We saw from training records all staff were also expected to complete refresher training annually and two days PRICE [Protecting Rights in a Caring Environment].

Watermill Lodge's environment had been purpose built to provide four self-contained, fully equipped flats. In doing so people who used the service were supported and encouraged with positive learning opportunities, to practice and develop skills they would need to live more independently. During the inspection we saw people involved in meal preparation and doing their laundry; they were supported by staff at their own level of ability. Each flat was personalised and reflected people's personal taste, including photographs, pictures, personal belongings and toys. Staff told us people had been involved in choosing the colours of their environments and had been involved in shopping for soft furnishings. We saw that individual needs



Is the service effective?

had been considered and adaptations made. For example, some people had blinds that were fixed with the window unit and were controlled by a magnet as they were unable to tolerate curtains.

One person who had recently moved into the service had been involved in choosing the décor of their flat and had been able to visit the service over a period of time with their relatives. This gave them the opportunity to meet their peers and staff and learn more about the service and what it had to offer prior to moving in.

The service had strong links with specialist schools supporting people with the transition into adult services. People who used the service were also promoted to use local leisure facilities, again this involved staff assessing the different venues and liaising with leisure facilities staff to ensure the most appropriate opportunities could be offered.



Is the service caring?

Our findings

Relatives we spoke with told us they were consulted in all aspects of people's care and support needs and their recommendations were implemented. One relative told us, "We are fully involved in all aspects of his care and both his and our choices are respected, everything is well balanced and he is able to do the things he wants to do and enjoys." Another relative said, "At first it was so difficult for him and his anxiety levels were such that he could not leave the premises. But by the sheer dedication of everyone involved, careful planning and taking planned 'risks' he was introduced slowly to new opportunities and he is now thriving." Others told us, "He refers to Watermill as home and is always happy to go back. He is so much calmer and for the first time he doesn't need much medication at all. He has learned to express himself in a much more positive way."

External professionals spoken with said, "The staff know people very well and have very good relationships with them. Although the people have very complex needs, they are all seen as individuals and their individual qualities recognised." Another told us how the service had liaised closely with all professionals and the family of a young man who required complex wound management, followed by surgery. All relevant professionals had been involved in the process with excellent working both within the provider and with wider community based teams. They told us, "In my opinion the care and support provided is excellent."

Personalised programmes and flexible staffing arrangements enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service'.

We saw the service had a strong commitment to person-centred planning in line with the government's 'Autism Strategy' and the 'personalisation agenda'. Each person who used the service was supported to take an active role in developing their individualised programmes of care and personal development to ensure their needs were met and their individual preferences for care were respected.

People were supported in all aspects of their lives in order to promote their independence and included anything from learning how to make a cup of tea for themselves to

achieving accredited qualifications. Staff were trained to use a person-centred approach to support and enable people to develop their individual plans. We observed staff to be well-motivated and they interacted well with the people who used the service, consulting with them about all aspects of their daily life. Staff discussed their planned activities with them and established what they wanted to do and when they wanted to do it.

The plans in place consisted of accessing a range of activities, which were based on accredited life skills achievement awards. These ranged from making toast to literacy skills. On-site facilities included a specially modified gym, hydrotherapy pool, and multi-sensory room, activity room and activity barn. People accessed planned activities both on-site and within the local community, for example, music, computing, gardening, cookery and independence skills. A VLSS and the flexibility of staffing arrangements and availability of company or privately owned vehicles ensured people were able to access the local community. This included swimming, trips out to the coast, meeting up with family and friends for lunch, pursuing hobbies and interests and doing personal shopping.

The registered provider used person-centred plans and good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped people to highlight what was important to them and identify any barriers they faced in achieving their aspirations. People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care records showed that people who used the service and their relatives were involved in assessments and plans of care.

Staff showed us files that had been developed with people to involve them in the decision making process. For example, photographs were taken of different activities and from these the staff could discuss and record how people had participated in them and how they had responded when the picture was shown to them. This process continued on a regular basis to identify pictures they preferred and selected over a period of time to identify their preferences. This information was fed back into their care reviews.



Is the service caring?

An example given by the registered manager of inclusion in decisions involved one person who was enabled to express their view that they didn't want contact with certain people and found it difficult to engage with sizeable groups of people visiting. After working with them and the clinical team they identified they did want contact with these people, but on their own terms and in a neutral place rather than in their flat. When staff asked if they would like to have a visit, they were able to demonstrate which people they would like to see and where. This gave the person more ownership of their visits and the opportunity to leave when they wanted to. Incidents of changing behaviours which they had used to express their anxieties and distress around visits also reduced as their views and wishes were respected.

Care records were available in pictorial and easy to read formats. Staff confirmed they read care plans and more experienced staff had a keyworker role with specific people. Keyworkers told us they were involved in reviews and met with people who used the service prior to their reviews, to discuss what they wanted to talk about, who they wanted to attend and what they wanted to change. Where people were unable to express their views verbally, other communication systems were used in order for them to express their preferences. Records showed that these preparations had taken place with the person and their core staff prior to reviews and person-centred care plan reviews being held.

Information about advocates was displayed in the service and we saw they had been involved in supporting people to make decisions about their care and treatment.

All of the staff spoken with had an in depth understanding of each person who used the service, their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with. During discussion, staff were able to describe people's qualities and their achievements, celebrating their successes with them. For example, one person who had experienced anxieties to such a level they were unable to go out. The same person was now supported to live in their own fully equipped flat, they enjoyed trips out and holidays for the first time in their life. As a result of the consistency of support from staff, they now enjoyed a better quality of life and have developed more interests and hobbies. They have developed their own methods of communication which staff understood and responded well to. Incidents of high anxiety levels had decreased dramatically and they were working towards accredited qualifications for the activities they were involved with.

Staff and relatives told us families were welcome to visit at any time and they regularly telephoned or used social media to keep in touch. Relatives confirmed this.

The registered manager gave an example of how they supported people who used the service to meet up regularly with their relatives for lunch, or took them to visit. Relatives who lived further away could book a fully equipped log cabin in the grounds of the service, to spend quality time with their relative, or to use as a base. This could also be used to facilitate family visits or be used to share a meal together.



Is the service responsive?

Our findings

Relatives spoken with told us they and their family member were involved in the development and review of their care plans. One person told us, “We are always invited to all of his meetings and they listen to us. We know things are put in place following these because staff communicate with us regularly and tell us what he is doing. He is amazing now, but so are the staff because they have supported him to excel” and “We can ring about anything and they let us know immediately about any slight problem.” Another relative told us, “Everything is above board we are always kept in the loop and our questions are always answered.” They also said, “The staff see him as a person, they know him so well and respect him.” Other relatives told us; “At first my son was so bad that he could not leave the premises, but by the sheer determination and the dedication of everyone involved, he was introduced slowly to trips out in the car and small walks which has led to him now having a week’s holiday at the coast, away from his comfort zone and the security of things being the same” and “He recently moved into his new flat we never thought that would happen.”

Relatives told us they were able to visit or ring at any time and were encouraged to do so. They told us staff were willing to support them to take their relative out or on holiday if they wanted this. Further comments were made about how their family member was always happy and excited about returning to the service. Other relatives told us of how staff continued to support them during home visits, where they were able to call on staff for advice and support or cut short the visit if this was needed. Relatives confirmed they were also invited to the ‘inclusive day’ and any fundraising events. One relative, during discussion, shared with us that their son was now happy to attend family gatherings and be sociable, which they felt was down to the hard work and commitment staff had invested in him.

Professionals told us, “Throughout my involvement they have always put the service user at the centre of the process and looked to increase their options and opportunities. They maintain excellent working relationships with all relevant professionals involved in my clients care. This has resulted in excellent outcomes for him.”

The registered manager gave us an example of how one person had been effectively supported with a health problem. They explained how when they moved into Watermill Lodge, the person required nursing care for an ongoing health condition and arranged for this to be provided by the district nursing team. This procedure in itself had presented further challenges, because of the person’s obsessive compulsive disorder meant all aspects of the nursing task had to be just right for them, from the length of the tape, to the size of the dressing, to the way the nurse wore their apron. The team worked with health professionals to ensure the individual received the health support that they needed in a way they were willing to accept.

When a hospital procedure had been undertaken to help remove infection and encourage healing was also unsuccessful, a vascular surgeon confirmed that the only remaining option was major surgery. Staff knew although this would be a challenging situation, it would improve the person’s quality of life. Following best interest decision making processes the date for surgery was planned for to allow staff the time to work with the person, his family and other professionals involved to proactively support their anxieties. The registered manager told us, “We knew we had to get it right, otherwise [Name] would’ve been left feeling unnecessarily stressed and anxious. Preparations for the surgery involved lots of care and consideration from all Watermill staff, who ensured that the person’s routine was not disrupted and that any anxieties were confronted up front. It was a real team effort. Staff worked with one of service’s clinical physiatrists to proactively support [Name]’s anxieties in the days leading up to their surgery. The services clinical team worked closely with Watermill staff to devise scripts that they could use with the person to ensure they knew the hospital rules, and so their expectations and anxieties were dealt with effectively. A file was created by Watermill staff, and shared with the hospital team, to ensure all information anyone needed to know about [Name] during his hospital stay was available. Before surgery, [Name] attended appointments with other professionals in preparation for post-surgery care, including an exercise regime which they completed with their Vocational Life Skills Instructor. Care staff also prepared a ‘hospital box’ for them to put all the important things they wanted to take with them to hospital. A countdown and communications board was also used to



Is the service responsive?

write down how many days were left until their operation, and what they would be doing on each of those days. The person ticked off tasks every day so they were aware of everything that was going to be happening.”

An assessment of the environment was also completed by the local occupational health team to consider what changes would be required to make it wheelchair accessible. The person was kept informed of all changes throughout the process. The services onsite maintenance team undertook the adaptations that were needed, which included turning the bathroom into a wet room and widening doors for the person’s new wheelchair.

Following the preparation, the person managed the experience of their surgery very well. Staff and the person’s family stayed with them to support during their hospital stay, ensuring their preferred routines were maintained. Staff have continued to support the person with their development and adaptation to their new life. Relatives told us, “If I could get [Name] and the staff an award I would. Every staff member without exception, are not just professional, kind and considerate, they go over and above. It is not just a job to them and I have never seen such commitment before. I can’t praise them enough, they all volunteered to provide 24 hour care, yet when we visited they respected our privacy and supported us to have time alone together. They understand him so well; nothing is too difficult for them.”

Staff told us about the ‘inclusive initiative’ the organisation promoted, which involved staff and people who used the service working together to promote inclusion and activities. Although the people who used the service did not all attend meetings at the time of our inspection, they attended events organised by the inclusive group and hosted their own events. The vocational life skills supporter [VLSS] liaised with people who used the service to plan for these and accommodate individual preferences. Recent events had included a Halloween party and a trip to the coast where they had hired beach huts and enjoyed fish and chips and other activities. They had also started work on planning a winter wonderland in the activity barn and a visit to a local theme park to enjoy the Christmas display. When some people first came to live at the service, they were unable to tolerate Christmas decorations and trees. As they had developed further, most people participated and enjoyed decorating and having their own Christmas tree in their private areas or were now able to accept

Christmas displays in communal areas. People who used the service were also jointly involved in making a nativity scene in their art and crafts sessions along with personalised birthday and Christmas cards.

All community based activities were risk assessed according to need and planned for to ensure people were given the opportunity to engage in interesting and exciting activities of their choosing. Staff worked together to ‘think outside of the box’ and develop innovative ways of working to support and enable people to be actively involved in their local communities. One member of staff had been nominated by his peers for ‘employee of the quarter’ for his enthusiasm in supporting people who used the service with walking activities. Other staff supported people to make personalised handmade cards for their relatives, for birthdays and other celebrations.

We saw people went on exciting trips and experienced adventurous holidays. These had been planned carefully by staff based on people’s preferences. Staff spent time considering people’s needs and ensuring they were able to access suitable accommodation. Activities were planned for and risk assessed with alternative activities also considered and incorporated into plans, should the person they were accompanying decide they didn’t want to participate in the first planned activity on the day. Plans for the holiday were developed with the people who used the service. This approach ensured people accessed holidays they enjoyed and engaged in.

People who in previous placements had not been given the opportunity to have a holiday, now enjoyed trips they found exciting or had aspired to. For example, one person was planning a holiday to Disneyland.

People were supported in all aspects of their lives in order to promote their independence and included anything from learning how to make a cup of tea for themselves to achieving accredited qualifications.

The registered provider also held a fun day on an annual basis, to raise awareness as well as enjoying a day of fun and games. The ‘inclusive day’ was supported by the local community and external companies supported them through sponsorship or offering preferential rates. External groups were invited to participate and have stalls at the ‘inclusive day’.

This year the inclusive group had been involved in a week of events to mark Autism Awareness in April; they raised



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£370.00 and donated this to their local National Autism Society [NAS] in Hull. The inclusive group were actively involved within the local community, often using local venues for their fundraising events, for example, coffee mornings and participation in the local Winterton show's float parade.

We reviewed the care records for two people and found them to be very person-centred; they detailed the levels of support each person required. Individual's personalities and personal qualities, as well as their likes and dislikes had been recorded and responded to by supporting people to achieve new targets and live life to their fullest ability.

The staff responded well to people's behavioural needs. We saw care plans contained detailed information of how staff could best support people in all aspects of their identified care, based on the principles of positive behaviour support. A care plan document supported people's identified assessed needs and provided clear information for staff under three headings; prioritised skills, abilities and areas of development. They also detailed how they would work on areas of development including positive risk taking and the expected outcomes and how these would be reported on. Further detailed information was included in people's sensory support profile, which explained people's sensory experiences associated with their condition, what this meant for them and what support they needed to manage this.

Staff spoken with told us that following any incident or accident a de-brief always took place and discussions were held at handovers, staff meetings and team meetings to identify triggers and how they could reduce the risk of any further reoccurrences. They told us they met with the PRICE co-ordinator [protecting rights in a caring environment] to review any incidents and reflect on their practices.

Staff told us that in any situations where behaviours were presented without obvious triggers the PRICE co-ordinator would spend time with staff observing staff practice on each shift. From their observations they would be able to share with staff their findings and work with them to support people who used the service in a positive, least restrictive way.

We saw each care record had a section called, 'All about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friend's birthdays and

special anniversaries, their family pets, fears, qualities and passions. Each care plan was person-centred and identified clearly what each area was aiming to achieve and the steps staff should take to support the individual with this, in line with their personal preferences.

Assessments and risk assessments were seen to be reviewed on a regular basis. When changes had been identified, records were updated to reflect this. We saw daily diary records were kept for each person, which were well documented using appropriate language and terminology.

Staff we spoke with were able to describe people's life histories and understood each person well. They told us the care plans gave them detailed information about the person and the systems in place supported the individual to celebrate their achievements.

We saw a handover record was maintained during each shift. The contents of this were shared with the staff team during handover at each shift change. From this, staff could see how each person who used the service had been throughout the day and night. This meant people who used the service received care that was relevant to their needs at that time.

People who used the service had the opportunity to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for relaxation. Rather than a structured weekly plan being in place for the service, each person had a personalised activity plan based on their personal preferences and aspirations and identified sessions with the service VLSS.

The registered provider had a complaints policy in place which was displayed in pictorial format within the service. Each person who used the service had a copy of this in their flat. We reviewed the complaints file and saw there was a review of complaints and how they were managed and responded to. The registered manager told us all complaints were reported immediately through the governance process and they were discussed at board level.

Relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their family member. They told us they had good relationships with staff and would be able to approach them with any concerns, should there ever be a need to do



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so. One relative gave an example where their family member's designer clothing had been mislaid. When this was raised, an inventory form was introduced and the clothing had been found, there had been no further incidents.



Is the service well-led?

Our findings

People responded warmly to the registered manager who had worked at the service for many years and knew each person well. The people who used the service who had verbal communication skills addressed her by her first name. We observed throughout the day that people approached the registered manager to greet them in their individual way, tell them about events in their day or with a smile.

Relatives were consistently positive about the service and the support their family member received. They told us, “The manager is open and receptive to us. They are very person centred and recognise the qualities of each individual they support and promote this within the staff team.” Another told us “They really support my son as an individual and us as a family” and “He has never smiled so much in his entire life.” Further comments included, “We have never had any need to make any complaints, but I am fully assured that I could go to the manager or [Name] with the slightest of concerns.”

Professionals told us they felt the team was well-led. Comments included, “There is good leadership within the service and the staff are skilled, knowledgeable and professional. They support people with very complex needs in a well organised and person-centred way. People are at the heart of the service.” Another told us “Throughout my involvement they have always put the service user at the centre of the process and looked to increase their options and opportunities. Their paperwork is of a very high standard. In my opinion the care and support provided is excellent.”

The service has a history of maintaining consistent compliance. The registered manager demonstrated strong person-centred values and was committed to providing an excellent service for people. They told us, “I am predominately proactive and committed to driving the quality of the service forward. I spend time on the floor, am supportive and I am prepared to do anything I expect the staff to do. First and foremost I care. I empower my senior staff to do the same, be positive role models, led by their example and take ownership of their responsibilities. Myself and my deputy are always here for them and we will support them. We are committed to providing the best care possible and help people lead positive and fulfilling lives.”

Both the registered manager and deputy manager spent time working alongside staff, providing a consistent presence, promoting core values and care skills. They used direct observation and regular meetings to help staff develop their practice. When we spoke to staff we found they shared this commitment and the philosophy of ‘fitting a service around you, not fitting you within a service.’ Imaginative and personalised support was at the forefront of enabling people to live fulfilled lives. This proactive approach from the registered manager and staff team ensured people were supported in innovative ways to deliver the best possible outcomes for them.

The home had an open and transparent culture, with clear values and vision for the future. Staff were enthusiastic and shared this vision and were supported through training and clear leadership from the registered manager and the registered provider to promote this for the people who used the service. The service worked in partnership with key organisations, including specialist health and social care professionals. They provided training for community-based services in order to promote understanding and inclusion.

Quality assurance systems were in place. There was a strong emphasis on continually striving to improve the service for people. Relatives we spoke with confirmed they had been involved in this process; they completed any surveys sent out and attended regular review meetings. Following the quarterly audits, the response to these was used to continually develop and improve the care and support offered.

The registered manager carried out a programme of weekly and monthly audits and safety checks. The information collated from these was submitted on a weekly basis to the senior management team for further review and analysis.

They also showed us the detailed assessments that were carried out by the registered provider’s own internal assessors. A quarterly audit was carried out of all areas of the service and service provision. This was followed up with a report and action plan with timescales should this be required. In addition an annual review was completed based on the five key questions used by the Care Quality Commission in this report and included any recommendations for improvement.

People were listened to and offered choices through every part of their daily life. Staff told us people’s opinions were



Is the service well-led?

important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities. Records seen confirmed this.

Staff spoken with told us meetings for all staff were held monthly, where the care for each person who used the service was discussed. Training requirements, the sharing of information and best practice were also discussed. Records showed that learning from accidents and incidents took place at these meetings. Copies of minutes were made available to staff unable to attend meetings so that all staff were aware of the discussion that had taken place.

We saw evidence of home meetings, staff meetings, team building exercises and keyworker meetings. An example of people being listened to and their views implemented included where one person had requested to change their previously agreed menus. New menus were planned with them offering two preferred choices and they were supported to go shopping for the ingredients, promoting their choices further, if they then saw something else they may wish to introduce onto their menu. The staff were exceptional in their commitment to understanding and helping people communicate their views, and using and adapting people's preferred communication systems to gain their input. Records seen confirmed this.

Director's roadshows were also in place, where senior management staff took the time to visit the service to involve staff in discussions about for example, the company plans for development, progression and re-investment. They also sought staff feedback during these meetings. A quarterly 'Our Voice' newsletter was produced by the organisation with staff survey results and news of events, promotions and what was happening in individual services along with 'employee of the quarter awards'.

During our inspection visit, we were provided with positive comments and compliments about the way the service was managed, which included comments about the registered manager and the senior staff team. Staff told us, "I think they are both great [registered manager and deputy manager] I can go to either of them at any time and they will listen and help. They make me feel valued and they are very encouraging. "Another told us, "We can approach them with anything and they will listen and we are encouraged to bring our own ideas to the table for discussion. If these can be implemented they will be

considered and if they can't be an explanation will be given as to why this is the case" "The registered manager is very approachable and fair." A newly appointed house manager told us, "They have been very supportive of me in my new role, it doesn't matter how many times I ask a question, and they [The registered manager and deputy manager] are both there for me and fully support me. They are great."

Staff told us they were able to raise any issues or concerns with the registered manager or the deputy manager. They felt their opinions were valued and were always listened and responded to. Staff were happy and worked well together ensuring a consistent, calm and happy atmosphere, which was reflected in people's care. They told us the registered manager had strong values in promoting the delivery of best practice.

The registered manager told us she had an excellent staff team who supported the people who used the service in a way they would want their own family members to be cared for, being proactive and positive in their approach to ensure people received the best possible care. Staff were not afraid to challenge any practices they considered to be inferior of this benchmark. They said, "I do my best to make sure staff feel valued and support and mentor them. I constantly seek their feedback and show staff what we are doing about their ideas." They told us that any investigations or disciplinarys in relation to staff were always investigated by a senior manager from another service, to ensure fairness and impartiality.

During discussion the registered manager told us the registered provider promoted an ethos of providing people on the autistic spectrum with all the support they needed to develop social, communication and life skills, to make choices about their own lives and to reach their individual potential for independence.

They also described how each stage of a person's journey to increased independence was planned for well in advance to ensure that transition from one service to another was completely smooth, and took place at the most appropriate time. Examples were given of the transition work that had been done with a young person who had recently moved from the sister service on the same site into a self-contained flat to promote more independent living. The registered manager had also



Is the service well-led?

discussed with staff how the service would support him to stay in touch with his friends from the service he had left in his preferred way, whether this would be meeting up to have a meal or to participate in an activity together.

We saw the registered provider was committed to personalising the services they provided and also to following the recommendations outlined in 'Putting People First' and the Autism Act [2009]]. The registered manager told us that the organisation was accredited with the National Autistic Society [NAS], which drove best practice to deliver outstanding care to people who used the service.

The registered manager was supportive of other services and was involved in networking with them in order to promote and share best practice initiatives. Senior staff regularly attended conferences and other events in order to update their skills and knowledge base. They also used external specialists to review the service's own practices. For example, advice was sought from the NAS and the British Institute for Learning Disabilities [BILD] in relation to least restrictive practice within the service.

We saw the service worked in partnership with other agencies to provide training and information, to promote inclusion and understanding of the people who used the service. For example, the training section of the organisation regularly provided courses on autism to

leisure facility staff, local GP services, the police and others, to promote their understanding of people with learning disabilities and autistic spectrum disorder and what each of them could do in their roles to support people. The training was well-received and continues to be accessed by these groups.

The registered provider also held an annual conference for professionals and invited leading specialists in their area of expertise and people with a learning disability as speakers. This year's conference was based on the theme of positive behaviour support. The registered manager told us they were involved in the planning of the content of these and had a role in presenting at these events. They told us this provided them with additional opportunities for networking with other agencies and share good practice initiatives.

It was particularly important within Watermill Lodge to ensure that health staff working with people who used the service understood their condition. In doing so the health professionals could approach people in such a way, people would be more receptive towards them. Similarly, when people visited health care professionals within the community staff were able to provide quiet areas for people to wait for their appointment and reduce their anxiety.