Homes Caring For Autism Limited

Stanway Close and Greenway Road

Inspection report

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Date of inspection visit: 11 September 2015
Date of publication: 21/10/2015

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

Overall summary

This inspection took place on 11 September 2015 and was unannounced.

The service provides accommodation and support for up to eight adults with a learning disability or autistic spectrum disorder. At the time of the inspection there were eight people living in the home with complex care needs. People had a range of moderate to very severe learning disabilities or autistic spectrum disorders. Some of the people had good language skills but most had limited or no verbal communication skills. People required individual one to one staff support within the home and several people needed two members of staff to support them when they went out into the community. One person with very complex needs received two to one staff support at all times.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People received good quality care and support in accordance with care plans that were person centred and focused on people's individual needs and preferences. One person's relative commented "The staff are all so good at what they do".

People were happy and at ease with the staff who supported them. One person said "I like living here". Another person's relative said "[Person's name] always seems happy and content when we speak to them on the phone or visit. This gives us great peace of mind".

People's relatives were made very welcome and were encouraged to visit the home as regularly as they wished. The service was good at keeping them informed and involving them in decisions about their relatives care.

Individual communication profiles were developed to help staff understand the non-verbal ways in which many of the people expressed their feelings and preferences. We observed staff always checked with people before providing care or support and then acted on people's choices. Where people lacked the mental capacity to make certain decisions about their care and welfare the service knew how to protect people's rights.

There were enough staff deployed to meet people's complex needs and to care for them safely. People were engaged in a variety of activities within the home and in the community and staff supported people to go out most days. This helped to ensure people experienced a good quality of life.

Staff received generic and individual specific training to support people's complex care and support needs. Staff had a very good understanding of each person's individual support and communication needs and their preferences.

People received their medicines safely and were supported to maintain good health by a range of external health and social care professionals.

The provider's quality monitoring systems ensured the service maintained high standards of care and promoted continuing service improvements. Staff and people's relatives held the management of the service in high regard.

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.

There were sufficient numbers of suitably trained staff to help keep people safe and meet each person's individual needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Good

Is the service effective?
The service was effective.

People received effective care and support from staff who were trained to care for people with complex communication and support needs.

People were supported to live their lives in ways that enabled them to have a good quality of life.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Good

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's communication needs and the ways they expressed their individual preferences.

People and their relatives were supported to maintain strong family relationships.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved, to the extent they were able, to participate in the assessment and planning of their care.

People's individual needs and preferences were well understood and acted on.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Good

Is the service well-led?
The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and dedicated team of management and staff.

Good

Summary of findings

The provider's quality assurance systems were effective in maintaining and promoting continuing service improvements.

Stanway Close and Greenway Road

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 11 September 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries and the Provider's 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 the improvements they plan to make. At the last inspection on 11 October 2013 the service was meeting essential standards of quality and safety and no concerns were identified.

During the inspection we were able to speak with three people who lived in the home. We also observed the care and support provided to others who were unable to talk to us due to their communication and learning difficulties. We spoke with the provider's regional manager, one of the home managers (who was deputising for the registered manager on the day of our visit) and four other members of staff. We reviewed the responses and comments in the recently returned quality assurance questionnaires from six of the eight people's relatives. We reviewed three care plans and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files.

Good

Is the service safe?

Our findings

We had limited conversations with three of the people who lived in the home but the majority of people were unable to communicate verbally due to their learning disabilities. We observed care practices, talked with staff and reviewed feedback from people's relatives to gain a better understanding of people's experience of the service.

People appeared relaxed and happy with the staff supporting them. They told us they got on well with their keyworkers and nobody ever treated them badly. One person said "[Names of their two keyworkers] are good. We get on well. I'm OK. No problems". Staff told us they would report anything untoward but had never had any reason to raise concerns about any of their colleagues. One member of staff said "We go out of our way to look after people. I've never seen anything of concern".

The feedback from people's relatives showed they had confidence in the service and they felt their relatives were safe. One of the relatives commented "We know [person's name] is safe. This is so important to us". Another person's relative said "We always feel confident we are leaving [person's name] in good hands". Relatives stated their family members were happy to return to the home after visiting them. This showed people did not have any anxieties about returning to the service which indicated they were being well cared for.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to make sure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

Care plans contained risk assessments with measures to ensure people received care safely. There were generic and individual specific risk assessments. These included support for people when they went into the community, participation in social and leisure activities, the environment and use of equipment. For example, there were risk assessments for people when they went swimming. Social stories with pictures and symbols were prepared for people to help them understand the potential risks. There were also risk assessments and plans for supporting people when they became anxious or distressed. The service used a 'Time Intensity Model' which outlined the appropriate actions to take at various stages of an incident. This included baseline behaviour, escalation, crisis, recovery and support, and post incident behaviour. All staff received training in positive behaviour management to de-escalate situations and keep people and themselves safe.

Records showed all incidents were investigated and action plans, including provision of additional training or staff supervision, were put in place to minimise the risk of recurrence. For instance, some people self-harmed when they became agitated or distressed. Effective action had been taken to minimise the causes of distress and reduce the potential for self-harm. For example, one person sometimes banged their head against the wall when they became anxious. We observed special cushioned paintings and pictures were fixed to the walls around their room to help avoid injury.

Staff knew what to do in emergency situations. For example, there were protocols for responding when people experienced epileptic seizures. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP. The provider had a specialist crisis intervention team to support local services with more complex care and communication issues or with major incidents.

Regular health and safety checks were carried out to ensure the physical environment in the home was safe. A range of health and safety policies and procedures were in place to keep people and staff safe.

There were sufficient numbers of staff to meet people's complex care needs and to help to keep them safe. There were usually nine care staff on each shift. At night there was one waking staff member covering both parts of the home. There was also one sleep-in staff member in the Stanway Close part of the home, which accommodated five people, and one sleep-in staff member in the Greenway

Good

Is the service safe?

Road part of the home, which accommodated three people. The service operated an internal on-call system to cover short notice absences or other emergencies. There were always two staff members on-call for this purpose. The provider's policy was not to use agency staff. One of the shift leaders told us "Without a doubt there is enough staff to look after people properly. We ensure we have the right staff to look after the right people at all times".

We observed staff were available to support people in a timely manner whenever they needed assistance or attention. We observed all of the people were supported to go out at some time during our inspection. Staff worked well as a team and supported each other to ensure people received the care and support they needed.

Systems were in place to ensure people received their medicines safely. Care staff received medicine administration training and new staff shadowed more senior staff for a required number of medicine rounds. Senior staff observed the new staff until they were assessed as competent to administer people's medicines.

People's medicines were kept in locked medicines cupboards in each person's room. Medicines were always administered by two members of staff, one read out the prescription and dose from the medicine administration records (MAR) and the other gave the medicine to the person. This double check helped ensure the correct medicines were administered. A local GP reviewed people's medicines every two months or sooner if required, to ensure people's prescriptions were up to date and appropriate.

Good

Is the service effective?

Our findings

People were well cared for and were happy with the support they received from staff. One person said "I have been here three years, I like living here". People's relatives thought the service was effective in meeting people's needs. For example, a number of relatives commented on the positive way their family members had matured since moving to the home. One person's relative said "The staff are all so good at what they do. [Person's name] has really grown up since moving to the home". Similarly another person's relative said "[Person's name] is becoming a much more independent confident young person who is a pleasure to be with".

Staff were knowledgeable about people's individual support needs and preferences. Care and support was provided in line with people's agreed care plans. Staff told us they received excellent training in how to effectively meet people's complex needs. This included generic training such as safeguarding, first aid, infection control, and administration of medicines. More specialist service related training was also given including autism, epilepsy, positive behavioural management and individual communication strategies. A member of staff said "It's hands down the most comprehensive training I've ever had and it's ongoing. The autism training is brilliant and helps you get into the mind set of an autistic person". Staff told us the provider also supported them with continuing training and development such as vocational qualifications in health and social care.

New staff attended a week long induction course which covered the common induction standards and other relevant service related training, including a whole day on autism awareness. They then shadowed experienced members of staff for a specified number of shifts to get to know people's individual support needs and communication methods. New staff also received individual mentoring sessions on a weekly basis. Their competency, knowledge and skills were assessed over a probationary period to ensure they knew how to care for people effectively. Established staff received monthly one to one supervision sessions and annual performance and development appraisals.

Staff said everyone worked really well together as a supportive team. This helped them provide effective care and support for people who lived in the home. Care practices were also discussed at staff supervision sessions and at monthly team meetings with the registered manager. This helped staff keep up to date with current best practices and new developments or initiatives.

Staff received generic and individual communication training. This included sign language, use of information technology, pictures and symbols, or other preferred methods of communication. This enabled staff to communicate effectively with people and ensured people were able to express their views and preferences. We observed people making choices in ways that suited their individual communication methods. Some people were able to speak to staff but many communicated through physical gestures, body language, facial expressions or by making other types of vocalisations.

Where people lacked the mental capacity to make informed decisions the service followed a best interest decision making process. Staff received training in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. The service followed the MCA code of practice to protect people's human rights.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had submitted DoLS applications for most of the people living in the home because certain restrictions were needed to help keep people safe. This showed the service was ready to comply with the DoLS requirements. The service regularly reviewed the restrictive practices with a view to reducing the number and impact of any restrictions on people's freedom and choices.

People had sufficient to eat and drink and received a balanced diet. People with special dietary needs were assessed by a dietician and/or a speech and language therapist. One person was on a gluten free diet and advice had been sought about another person's diet as they were experiencing bowel problems. People were involved with their menu choices as far as they were able to. Most people had a set two weekly rolling menu displayed in their rooms but they could choose alternative meals if they wished.

Good

Is the service effective?

Staff helped people to make menu choices in ways they could understand. This included looking at pictures of different meals or people pointing to the foods they liked. Where people lacked the mental capacity to make menu choices their close relatives were consulted.

Some people weighed in excess of their healthy body weight range. With the agreement of the people concerned, and their close relatives where appropriate, they were being supported to eat a more healthy diet and take more exercise. One person said "I walk to the swimming baths. I am watching my weight and this is good exercise". Another person who did not like communal activities had an exercise treadmill in their own room.

Staff monitored people's health and wellbeing to ensure they maintained good health and identified any problems. The service planned to introduce more thorough individual annual health checks over the next 12 months. The home manager said they had excellent links with the local GP practice. Health professionals from the practice were happy to visit the home when requested. Other health input and advice was sought as needed, including from the epilepsy nurse, speech and language therapists, dentists and opticians. Care plans contained records of hospital and other health care appointments. They included health action plans and hospital passports providing important information to help hospital staff understand people's needs. Some of the people with more complex needs also had a named social worker to act as their care manager.

Adaptations were made to the premises to support people's needs. The Stanway Close side of the home contained five self-contained flats, each with a bedroom, en-suite bathroom, separate lounge and kitchen area. The Greenway Road side of the home had three good size individual bedrooms and a communal kitchen and lounge. People's rooms was individually decorated and equipped to meet their individual needs and preferences.

Some rooms contained light and sound systems to stimulate people's sensory needs. There were safety features to protect people from self-harm such as cushioned wall coverings and acrylic mirrors that would not shatter on impact. Some rooms were minimalistic and decorated in primary colours to avoid over stimulation of people with severe autistic spectrum disorders. Other rooms were colourful and well-furnished to suit the person's individual preferences. There were several self-contained garden areas where people could go if they wanted to have some private space or enjoy the fresh air.

Good

Is the service caring?

Our findings

Relatives commented that one of the best things about the home was the dedication and caring approach of staff. One relative said "It is the care and affection shown by all members of staff. [Person's name] is maturing due to the care and attention of the lovely staff". Another person's relative said "[Person's name] always seems happy and content when we speak to them on the phone or visit. This gives us great peace of mind".

We observed people had very good relationships with the staff supporting them. For example, we observed one person ruffled a member of staff's hair in a friendly gesture when they entered the room. People who were able to communicate verbally with us said they particularly got on well with their designated keyworkers. Each person had two designated key workers with particular responsibility for ensuring the person's needs and preferences were known and respected by all staff.

Staff also spoke fondly about the people they supported and were clearly keen to promote their welfare and well-being. One member of staff said "We look out for people as if they were our own family. We respect and care about them and try not to be patronising". We observed staff spoke to people in a friendly, polite and caring manner. When staff spoke with us they were always respectful in the way they referred to people.

Many of the people had limited or no communication and language skills. Nevertheless they responded positively when staff spoke with them and staff understood what people wanted and needed. All of the people appeared relaxed and happy with the staff. When new staff came to the home, people were shown a visual 'communication passport' to help them get to know and feel comfortable with the new staff. The passport identified things that might be of interest to people, such as the new member of staff's background, hobbies, favourite food and music.

Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them. Many of the people had limited verbal communication skills or lacked full understanding due to their learning disability. The provider's specialist team had worked with the service to develop appropriate individual communication strategies for each person in the home. For example, one person had an ipad with a special application which enabled them to express their feelings or preferences using symbols and pictures. Due to the complex nature of their disorder it was difficult for staff to distinguish between the person's moods and behaviours. However, the ipad application enabled the person to show staff symbols of how they were feeling, such as happy, tired or unwell.

Care plans detailed the best way to communicate with each person and how to help them make choices. Some people were able to communicate through sign language or through pictures and symbols. Others communicated mainly through physical forms of expression such as pointing, high-fives, or leading staff to what they wanted. One person made loud vocal noises and banged on objects to express themselves. Staff understood which behaviours were happy signs and which were signs of anxiety or distress. The person had their own core team of care staff who knew the individual's needs and behaviours really well. The person received two to one staff support and the service ensured at least one member of staff was always from the person's core team.

Although staff were knowledgeable about each person's individual needs and preferences they always checked each time they provided support to make sure people were happy with the choices offered to them. A member of staff said "We always ask the individual what they would like, it's always their choice. We also offer alternative choices".

The service continuously sought ways to improve people's quality of life. For example, one person originally had an en-suite shower room. Staff observed the person was not happy when out in the rain and, similarly, when they had a shower they seemed to become anxious. The service arranged to replace the shower with a bath. The home manager said the person now "loves to have a bath" and is much happier. Another person liked to keep cool. The service fitted a comfort monitor in the person's room which enabled the person to identify when the room was becoming too warm for their liking. The person understood they could turn on their fans and open the internal doors when a particular temperature was reached. Another person who was fond of animals had two pet rabbits in a hut in the garden.

Staff respected people's privacy and dignity. Each person had their own bedroom and en-suite bathroom. When personal care was provided, staff ensured the door to the person's room was closed and curtains or blinds were drawn. Some of the people were not happy to have

Good

Is the service caring?

curtains or blinds in their rooms. To protect their privacy a tinted film was used on external facing windows to prevent other people from seeing in. Staff were available to support people with personal care, as needed, but encouraged people to be as independent as possible. For example, where people were able to have a shower or bath independently staff left them alone and waited outside.

People were supported to maintain ongoing relationships with their families. This included regular visits, telephone calls and emails. Relatives were encouraged to visit the home as often as they wished without any undue restrictions. Relatives said they were always made to feel very welcome when they visited. People were also supported to visit their family homes where this was practical and agreeable to all concerned.

Good

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care to the extent they were able to, but all lacked the mental capacity to make certain decisions. Staff understood people's individual communication needs well, and assisted them to express their needs and preferences in ways they could understand. A relative said "Staff understand and meet [their relative's] needs and are always approachable". People's close relatives were also encouraged to participate in discussions about people's care plans and to express their views about the service.

Each person had a personalised care plan based on their individual care and support needs. Care plans included clear guidance for staff on how to support people's individual needs. As well as detailing people's support and communication needs, care plans identified each person's personal likes and dislikes, daily routines and activity preferences. They included detailed information on how each person made choices and decisions. Care plans were reviewed by people's keyworkers on a monthly basis. Keyworkers were responsible for ensuring each person's care plan and risk assessments were up to date and appropriate to their individual needs and preferences. One keyworker described their role as "The person's advocate within the organisation".

Managers and senior care staff were responsible for overseeing care plan reviews and were given specific training in person centred care planning. This concentrated on the things that were important to and important for each individual. Things that worked well, and the things that did not work so well, were reviewed to ensure people's independence and well-being were promoted.

Some of the people were able to express their views at monthly 'house meetings'. People with sufficient mental capacity and social interaction skills were supported and encouraged to attend. Where people were unable to attend group meetings their keyworkers communicated the meeting agenda to them individually in ways they could understand.

Where people or their relatives expressed a preference for support from particular care staff the service tried to accommodate these preferences. People had two keyworkers each which meant one of the keyworkers was usually available on each shift. Also staff members of the same gender were available to assist people with personal care, if this was their preference. We observed staff respected these preferences.

People had their own individualised bedrooms or flats. People's living spaces were furnished and decorated to the person's individual needs, tastes and preferences. For example, people's rooms contained various pictures and photographs that reflected their personal hobbies and interests, including aeroplanes, trains, football teams and pop groups. People were able to choose the colour schemes for their rooms. Some people's rooms were very colourful, whereas others were minimalistic and decorated in primary colours. This was to avoid over stimulation of people with a severe autistic spectrum disorder.

People were supported by staff and relatives to spend time in the community and to participate in a range of activities in line with their personal interests. This included shopping trips, lunches, attending clubs, sporting events, day trips to the seaside and other places of interest. Activities available within the home included use of a range of sensory equipment in people's rooms, aromatherapy, watching TV and DVDs, reading materials, exercise equipment, and socialising with staff and relatives. People were also able to access the home's secure garden areas if they wanted more space or fresh air.

A number of people had Teach Boards in their rooms with symbols and pictures describing the activities planned for each day. They were free to choose different activities if they wished. There were also symbols and pictures to remind some people about their personal care routines.

People's relatives and the staff said the registered manager operated an open door policy and was always accessible and approachable. Relatives were encouraged to feedback any issues or concerns directly to the manager or to any other member of staff. One relative said "We know we can contact the home at any time". Relatives said they were regularly updated if there were any issues or concerns regarding people's health and well-being. To gain people's views on the quality of the service six monthly questionnaires were circulated from the provider's head office to close relatives and to staff. The results of the most recent questionnaires were overwhelmingly positive.

The provider had an appropriate policy and procedure for managing complaints about the service. This included

Good

Is the service responsive?

agreed timescales for responding to people's concerns. Records showed the service had received four formal complaints in the last 12 months. The complaints had been responded to appropriately and within the agreed timescales.

Good

Is the service well-led?

Our findings

Relatives of people who lived in the home were complimentary about the service. One relative said "It was difficult to single out any one thing because there are so many good points". The main points commented upon in the most recent relative's survey were the caring nature and dedication of the staff, the approachability of management, the friendly atmosphere in the home, and the safe and secure environment.

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager was on annual leave on the day of the inspection and one of the two home managers was covering. We also met the provider's regional manager who came to speak with us later in the day. Staff and people's relatives told us the registered manager promoted an "open door" culture and was very approachable and supportive.

The regional manager said the service's ethos was all about being person centred. The individual was at the centre of everything they do. Leadership's aim was to support the staff to deliver high quality services focused on each individual's needs. To ensure staff understood and delivered the service philosophy, they received both generic and individualised training geared to the specific needs of the people who lived in the home. New staff received a comprehensive induction programme and established staff had continuing training and development.

The desired practice was further reinforced through monthly staff meetings, shift handovers and regular one to one staff supervision sessions. The person centred approach was also supported by policies, procedures and operational practice. This included person centred care plan reviews with clear actions and agreed goals to help each person work toward achieving their potential.

Staff were motivated and dedicated to ensuring people received the best possible care and support. They said the registered manager was "brilliant" and everyone in the organisation from the top down focused on people's needs. One member of staff said "This is the best management I've ever worked for. They are very supportive, as are all the staff. The Managing Director has very high standards and is dedicated to the people we support". Another experienced member of care staff said "When I go to head office they all seem to know me and they are all friendly. Senior management regularly visit the home and always engage with the residents and the staff".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from external health and social care professionals when needed. There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager and the two home managers supervised the senior care staff and they supervised the shift leaders and the support workers. Staff said they worked well together as a friendly and supportive team. One new member of staff said "Everyone's so supportive and we work together as one big team. The manager always knows what's going on. I've never heard anyone say anything negative about any of the managers".

The provider operated a quality assurance system to ensure they continued to meet people's needs effectively. The registered manager carried out a programme of weekly and monthly audits and safety checks. The regional manager carried out monthly visits to the home and audited all key areas of the service. This included discussions with staff and people who lived in the home, observing care practices and the interactions between staff and people. Where action was needed this was noted on a quality assurance review form and progress was checked again at the next visit. The requirement was only signed-off once the necessary actions had been implemented. For example, work was ongoing to review staff rotas to ensure greater consistency of care support staff. Work had recently been completed on installing a new bath and extractor fan in one person's flat.

People's relatives and other representatives were encouraged to give their views on the service either directly to the management and staff or through regular care plan review meetings. In addition, relatives and staff questionnaires were circulated every six months from the provider's head office to gain feedback on all aspects of the service. The latest survey results showed close family members either agreed, or in most cases strongly agreed, that the service provided good care and support for their relatives and that management and staff were approachable. The latest staff survey showed staff felt valued and listened to by management and they were supported effectively by the senior staff.

Good

Is the service well-led?

The provider had a number of forums for involving people's relatives in the running and development of the service. These included local family forums and parent representatives on quarterly regional operational and safeguarding meetings.

The provider participated in various forums for exchanging information and ideas and fostering best practice. These included internal managers meetings, local authority and multi-agency meetings, national and local conferences, seminars and membership of the Registered Care Providers Association. They accessed a range of online resources and training materials from service related organisations. These included the British Institute for Learning Disabilities, the Epilepsy Society, Autism Awareness and the Care Quality Commission website.

The provider had a specialist crisis intervention team to support local services with more complex care and communication issues or with any major incidents. They also used an internationally renowned speaker in autism to deliver aspects of the staff training and advise them on particularly complex or challenging care needs.

The service had strong links with local health and social care professionals. This helped ensure people's health and well-being needs were appropriately met.

People were supported to be involved in the local community. Staff supported people to go out most days of the week. This ranged from attendance at specialist clubs for people with a learning disability to a variety of social and leisure activities available to the general public. For example, on the day of inspection many of the people visited the local public swimming baths and had their lunch out. Visiting relatives also regularly took people out for lunch and to visit places of interest.