

# Southdown Housing Association Limited

## Coltash Road

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

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

### About the service

Coltash Road is a supported living service providing personal care and support for people with a learning disability and /or autistic people. At the time of the inspection the service was provided to five people. The accommodation was within one converted residential house. The service can support up to five people.

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

#### Right Support

People were supported to have choice, control and independence. Staff focused on people's strengths and abilities. People were encouraged and supported to pursue interests that they loved and interested them. One person had decorated their flat in a transport theme that reflected their passion for their hobby. Coltash Road gave people with a safe and clean environment that provided people with the privacy of their own flats, while promoting a communal and inclusive environment.

People were supported with making their own choices in every aspect of their daily lives. Staff ensured that freedoms were not restricted as much as possible and people were supported to make decisions through effective planning and communication with staff. People were supported by staff who communicated with them effectively to ensure needs were met and in a way that promoted wellbeing.

#### Right Care

We saw people receiving kind and compassionate care. People were very comfortable around staff and regularly engaging with them in conversation. People were seen smiling and laughing throughout the inspection. When some people required additional support, staff were responsive in providing this. Staff were skilled and knowledgeable about people's communication needs. Staff understood how to protect people from poor care and abuse. People were encouraged to undertake activities and tasks to increase their independence, while taking positive risks, where appropriate.

#### Right Culture

Staff ensured that people's wishes and needs were at the forefront of the support they provided. People led empowered lives and the ethos and culture of the service supported this. Management and staff understood the principles of positive behaviour support (PBS) which meant that, together with a good knowledge of people's needs, staff were able to effectively understand and support people should they were distressed. Staff received effective, person centred training that provided them with the skills to understand good

practice in promoting the strengths, and supporting the needs of, people with Autism and a learning disability.

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

#### Why we inspected

This service was registered with us on 25 November 2019 and this is the first inspection.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective. Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring. Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive. Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led. Details are in our safe findings below.

# Coltash Road

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff including the manager and two support workers.

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

#### After the inspection

We sought feedback from two professionals who work with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People were relaxed and comfortable around staff. One person said, "They are all very kind and caring. They look after me very well."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- There were systems, processes and practices in place to protect people from abuse and neglect. For example, risk assessments had been completed and guidelines were in place to safeguard people's finances and to protect them safely in the community. One relative said, "(Their loved one) is totally safe there. It's the best place we could find for (the person)."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One staff member said, "Risk assessing is important, it shouldn't stop them from doing things. We put things in place to lower the risk and do it more safely."
- For example, one person had been involved in assessing the risk to them exiting the service in an emergency. The person had completed an easy read activity with staff that determined how well they understood the alarms, what they needed to do, and what support they needed to leave the service safely.
- People were supported to manage the risks around their environment and in completing daily living tasks. For example, one person was diagnosed with epilepsy and had a high tolerance for pain. Adjustments and safety measures were put in place to allow them to continue using hot surfaces and cook independently. The person liked to use the kettle themselves, so staff supported them to purchase a smaller one-cup kettle to minimise spillage and reduce potential harm.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The manager used a dependency tool and risk assessment to ensure that the appropriate staffing levels were in place to meet people's needs, including one to one support they were funded for. The numbers and skills of staff matched the needs of people using the service.
- We observed sufficient numbers of staff throughout the inspection. Staff were flexible in their approach should people want to go out and complete activities and tasks. One staff member said, "We are very

fortunate to have plenty of staff."

- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

#### Using medicines safely

- People were receiving their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and assessed.
- Each person had a medicines plan in place. This gave clear details of what each medicine was and why it was prescribed. People were risk assessed as to whether they could administer their own medicines and what support they needed.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The manager and staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). One relative said, "They are thoughtful and knowledgeable about his medicines."
- People visited family and loved ones regularly and staff had systems in place to ensure that medicines were managed during each transition home.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "They (staff) were absolutely fantastic during lockdown."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. One staff member said, "They kept us extremely safe, I'm very proud how the company kept us safe. They did loads of good stuff to help us and the clients during the pandemic."
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- People received safe care and support because staff had learned and acted when incidents and accidents had occurred.
- Staff recognised incidents that needed to be reported and issues around safety were escalated appropriately. Incidents that potentially required further positive behaviour support (PBS) were reviewed by the providers PBS practitioner to determine whether adjustments to people's support were needed.
- Records showed that staff had acted proactively and thoroughly to review incidents, as well involve relevant staff and partner organisations in those reviews. One incident report, that addressed the emotional wellbeing needs of one person, cited their psychologist's assessment on how best to support them, what issues were affecting their wellbeing, and conversations with a PBS professional on how best to support those needs. Another incident prompted a review of a staff members understanding of a person's communication which resulted in social stories being used to reinforce how to support them more effectively.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Staff delivered care in line with standards and good practice. For example, there was a strong emphasis on understanding and delivering good positive behaviour support (PBS) to people. PBS is a person-centred framework for providing support to people with a learning disability or autism who may display behaviours that may be challenging or distressing for themselves or others.
- The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, staff used a Disability Distress Assessment Tool to identify when people be in pain or in distress.

Staff support: induction, training, skills and experience

- People were supported by trained and skilled staff who understood their needs and provided effective care.
- Staff spoke highly of the training and learning they received and had access to. One staff member said, "The training programme is amazing. We do PBS, Autism, health and safety and have access to eLearning which we do annually. We have access to other more specific training, and we can request this. Southdown [the provider] never say no to our requests."
- New staff received a thorough induction and ongoing refresher training when they started at the service. Staff received ongoing supervisions to discuss their development and other work-related matters. One staff member said, "We have them monthly but equally but if we have anything to discuss with (the manager) he's always open to talk to you."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough were encouraged to maintain healthy diets. One person said, "I love living here. Best thing about it is you get lovely food here."
- People were actively involved in their meal planning and their support plan identified their needs and

preferences. One person's health outcome was that they wanted to keep active and promote weight loss. Records showed they had successfully reduced their weight during their time at Coltash Road through support with health meals and regular walks which they enjoyed. Some people had weekly meal charts in their rooms, and those we observed had a consistent variety of healthy options and choices.

- People were supported to be as independent as possible, whether this was preparing food safely in the kitchen or to shop for their chosen items. We saw one person chopping fresh fruit to make themselves and staff a smoothie. One person said, "When it comes to my support, they help me with cooking. I can do certain bits, but they are there when I really need the help."
- People were supported with menu planning. Some people had weekly pictorial meal charts in their rooms, and those we observed had a consistent variety of healthy options and choices. Staff awareness of people's needs meant they adjusted their approach to maximise people's ability to make choices. For example, one person needed to be aware of the options open to them so that they could make healthy decisions. They were supported to maintain a cooking folder of recipes they enjoyed and pictures of meals that they liked in their communication folder. The person was supported to put pictures on their menu board at the start of each week so they could plan and shop accordingly.
- People were supported to access health services effectively. Records showed that staff were proactive in maintaining people's regular healthcare appointments as well as seeking guidance from health specialists in a timely way.
- Staff were aware of people's emotional needs and the support they may need to attend medical appointments. Relatives told us that staff were sensitive to these needs and supported them effectively. One relative said, "They manage (the persons) health very well. When she goes to the doctors and they go with her as (the person) has anxieties when she goes."
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. Staff ensured they completed records each time people received input from health professionals. People were supported to receive annual health checks, while information contained in people's care and hospital passports was maintained effectively.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People were being supported in the least restrictive way. We observed a consistent approach from staff in seeking permission and consent from people with their care and support.
- Staff were aware of the principles of the MCA, of supporting people to make choices. The manager and staff were clear on the service's focus on minimising any restraint within the service to ensure that people led as unrestricted lives as possible. For example, the manager cited an example where chemical restraint for one person's medicines was managed effectively and ensured that this was reviewed regularly. Records showed this was happening. One staff member said, "We work our hardest to lesson restrictive practices."
- Staff empowered people to make their own decisions about their care and support. People told us that

staff gained their consent consistently and felt they were in control of the things they did. One person said, "They give me lots of choices, they're very good at that."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People looked happy and comfortable with staff throughout the inspection. One relative said, "It's a loving caring community here. Everyone is like a family."
- We observed positive and caring interactions throughout the inspection. People were very comfortable approaching staff and chatted to them happily about something they had done. Staff responded positively and enthusiastically and showed a good understanding of their needs. One person told us, "Staff are very nice. They help me with my money, and they help me clean every week. They are all very kind and caring. They look after me very well."
- Staff were sensitive and responsive to people's differing emotional needs and wellbeing. Staff demonstrated a good understanding of people's communication needs which supported this. For example, we observed staff anticipating one person's need for additional support and provided this in a timely way. One person said, "I have a key worker who helps me with a lot of things. She writes down stuff and chats with me when I'm feeling low."

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

- People were actively supported by staff to express their views and make decisions about their care.
- We observed people expressing their views and being involved in their support throughout the inspection. Staff sought people's opinions consistently and people were given the time to express what they wanted. Some people accessed the community independently and were observed talking to staff before they left about what they were going to do, while staff ensured they were fully prepared for the activity or task they were completing.
- People's views, and those of their relatives were gained by staff to ensure their care reflected their choices and preferences. Relatives told us that staff actively sought their views and opinions. One relative said, "I feel totally listened to. They are very delicate about including his family. I feel very involved."
- People had meetings with staff every six months to review their long-term achievements and set new goals and outcomes. These were documented with pictures to celebrate their achievements and details of how they were going to achieve new goals. People also met with their key workers on a regular basis to talk about their care and support. One person had been supported to create their activity on a paper mache football, a sport which they loved. The person was seen to be very proud of their achievement.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff, while promoting their dignity.
- Staff ensured that they had permission to enter people's rooms and were respectful when observed with

people in their private spaces. One person said, "They always knock on my door before coming in."

- There was a clear ethos, expressed by people, their relatives, and staff of supporting people's independence. People had the opportunity to try new experiences, develop new skills and gain independence. Developing daily living skills and working towards being less reliant on staff for support was actively promoted. We observed people carefully preparing their food, while others happily and carefully carrying out tasks around their rooms and communal areas. One person said, "I have my own flat. Staff help me with my post, cooking and cleaning. I do cleaning on Tuesday, put the washing in my machine myself. They encourage me to do a lot of things myself."

- Staff we spoke to were clear on their approach and role within the supported living setting and encouraging independence. One staff member told us, "We do a lot of training around active support. We have to show new staff not to deskill them to encourage that culture of independence. It's getting the whole task and breaking it down into sections and figuring out how to motivate them. With (one person), they struggled with tidying. We looked at ways to motivate them. We did the majority of it and every week they were doing more and more. It really works. We use positive mental attitude and praise (the person)."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care and support from staff who fully understood their needs. Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- We observed staff being consistently proactive with each person at the service, actively encouraging them and engaging with them throughout. Staff received training in positive interactions, personalised support and positive behaviour support and this learning was evident in our observations. One staff member said, "We do lots of around active support, personalised care, interactive skills, being reflective and responsive."
- Staff were skilled at providing people with positive behaviour support. One person previously had a history of distressed behaviours prior to moving to Coltash Road. Staff told us, and records demonstrated, that the person's distressed behaviours had effectively reduced to zero, and they had been successfully supported off their restrictive medicines. Our observations throughout the inspection was of a happy, relaxed person who was eager to keep active and engage.
- In one person's review of their support, an outcome to improve their emotional wellbeing was to be encouraged to talk about their anxieties and to continue to feel listened to. Part of the plan was to create a safe sensory area in the newly built summer house in the garden. The person showed the inspector around this area proudly while describing their plans to make it more homely. It was clear that this was a positive and safe place for them. One staff member said, "You have to be consistent and carry through on promises. The residents don't like change, so we need to organise it as they want. We talk to each other and work out what we are going to do."
- People's care and support plans were comprehensive and holistic, providing information and clear guidance for staff in how to support people in a personalised way. Care plans were reflective of the need for many who were living with Autism, to have structured routines. Application of routines helps people with Autism engage more successfully in activities and prevents distressed behaviour and routines help create an efficient environment.
- People emotional wellbeing was supported in a personalised way by staff. For example, one person who required help to manage conflicting emotions, was supported to make distraction cards. These cards are a way of helping someone cope with difficult emotions and aims to take their mind away from those negative thoughts and onto something that makes them happy. The person described their benefit and how grateful they were for staff doing this. The person said, ""(Staff member) really helped me with a lot of things. He made me distraction cards to keep me in a happy mood. They really do help me, and they say certain things that make me happy."

### Meeting people's communication needs

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

- People's communication needs were understood by the staff that supported them. Peoples needs were being met in line with AIS standards.
- People were able to express themselves verbally to staff but had detailed communication plans in place to ensure staff supported them effectively. For example, staff were guided on how to construct sentences at a certain pace for one person to understand effectively. The person was known to think very literally, so staff were guided to avoid slang and idioms, while ensuring the person had sufficient time to process information.
- People were supported to understand and process information in formats such as easy-read documents when needed. Staff also used pictorial boards with people for them to express their choices. One staff member said, "We get easy read stuff from the GP and symbols and icons to use. We don't create as much as the understanding is there for us to explain things simply."
- Peoples communication needs were regularly reviewed. A decision had recently been taken for staff to learn further Makaton. One staff member said, "We are going to be using Makaton a bit more even though everyone is verbal. Using Makaton will slow us down and improve communication and make sentences more basic. We previously used it for a non-verbal client who used to be here."

### Improving care quality in response to complaints or concerns

- The provider had a complaints system in place to deal with any concerns raised. At the time of the inspection, the service had not received any formal complaints.
- People and their relatives told us they would feel comfortable making a complaint should they need to but felt confident that any issues would be addressed promptly.
- One relative said, "Everything is utterly acted upon, I've never had to make one (complaint). There's just never been a problem."

### End of life care and support

- No one at the service was receiving end of life care at the time of the inspection.
- Peoples end of life wishes had been raised with them and their loved ones previously, although staff noted a reluctance to discuss advanced care planning at the time. Staff had good knowledge of the emotional impact that starting end of life discussions would have with those at the service.
- The manager stated that reviewing this area of future support and initiating discussions to obtain preferences and wishes would be completed.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received personalised care and support from a service that was consistently well-led. People were empowered to have control and choice in their care and support.
- People, their relatives and staff spoke highly of the impact the new manager had on people's support, while stating they had further improved the positive culture that existed at the service. One staff member said, "He has a PBS background and wonderful approach. He's very client focussed."
- People talked about how the manager encouraged them and gave them the confidence to express themselves. One person said, "He is nice, he's there to talk to if I need a chat. He's laid back." Another person said, "(The manager) is a very nice man. He's very positive. If there's a problem, he'll get it sorted out."
- Staff described the impact of the manager on the culture of the service and stated that their approach was ideal for the people who lived there. Another staff member said, "The manager is absolutely amazing. He's got a wonderful positive attitude that is client based and staff based. He fills us with confidence. You feel relaxed with him. He is up for the clients doing as much as they can and is up for new ideas. He's good for staff morale."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The service had been without a registered manager since January 2022. The manager was relatively new at the service but had brought managerial experience from working at one of the provider's other locations. The manager possessed the skills, knowledge and experience to perform their role and a clear understanding of people's needs and good oversight of the service.
- Quality assurance systems were effective in ensuring the quality of the care and support provided. These systems monitored areas such as health and safety, people's medicines, PBS plans, people's finances and risk assessments. The manager was supported in their oversight of the home with regular audits from the provider's health and safety and quality team.
- There was a positive ethos towards continuous learning and developing skills. One support worker stated that they actively looked at developing approaches to learning disability support in their own time so that they could improve. The staff member said of the manager and provider, "I like the fact how they are very client focussed - they put it at the heart of everything they do. They make their staff feel valued. I like the interaction modules that help us become good support workers."



- Staff delivered good quality support to those at the service. Their in-depth knowledge and passion for their roles was evident in the interactions we observed. Staff knew their roles and responsibilities well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were encouraged to be involved in the running and development of the service. For example, one person had recently chaired a regular residents meeting and led people in discussion for staff to further develop their skills in Makaton.
- People attended regular residents' meetings and my plan meetings to discuss what personal outcomes they wanted as well as making plans for activities they could achieve as a group.
- Relatives told us that they got on very well with staff and felt that they were included in their loved one's support. Relatives were asked for their opinions, while receiving regular updates on the progress of their family member. One relative said, "Every time we get a form, we give them 20 out of 10. They are wonderful all the time. I was so touched about the care they took of (the person) and other residents. I just feel he is blessed to be there, and we are blessed to have him there. I can't tell you how impressed we are with the staff." Another family member said, "They've been brilliant with me. We've got to know each other well. I've got a great relationship with them really."
- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as the GPs, Psychologists, local authority Community Learning Disability Teams and Speech and Language Therapists to meet people's needs. Staff worked proactively to follow the guidance provided by professionals.