Elysium Care Partnerships Limited

Elysium Care Partnerships Limited - 13 Alexandra Gardens

Inspection report

13 Alexandra Gardens
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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** ☆

Summary of findings

Overall summary

About the service
Elysium Care Partnerships Limited - 13 Alexandra Gardens is a care home for people with learning disabilities or autistic spectrum disorder. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home in a residential area, bigger than most domestic style properties for eight people with four self-contained flats joined to it by a communal court yard. It was registered for the support of up to 12 people. 12 people were using the service at the time of the inspection. This is a larger care service than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
The provider had a strong ethos and culture of delivering quality care and support to people. Their systems to monitor, manage and improve service delivery and to improve the care and support provided to people were highly effective. People using the service and staff reported the strong commitment of the registered manager to the service. They were always available and they actively listened and promoted an open and transparent work environment. There were regular meetings where information was shared with staff and people who used the service and concerns were discussed. The registered manager liaised with other professionals to share best practice and develop the team's skills and knowledge.

The provider identified and mitigated risks to support people to remain safe. They did this in a way that was meaningful and enabling to the person. One person was supported to create their own 'rules' to manage risks around their behaviours, so that they took ownership for their own safety with a primary focus on promoting their independence.

Incidents and accidents were managed through a process where staff, including a behaviour analyst and speech and language therapist, could reflect upon the incident, analyse it, learn from it and put in preventative measures to minimise risks and behaviours that challenged and thereby improved the quality of people's lives. This approach led to the number of incidents for one person dropping from up to 83 incidents in a month, to months without any incidents.

The provider and staff had a very good understanding of each person's behaviour and the factors that could

impact on this. For example, there was a recognition that the environment could impact on the way a person behaved and the provider went over and above to tailor the environment to suit people's needs.

Staff were very skilled at using a wide range of methods to communicate with people as part of the provider's 'total communication' approach. This ensured people had access to the right means of communication for them to make their needs known and so that staff could communicate with them. For example, the provider used 'now and next boards' (a visual aid of pictures that showed what activity is happening now and what will happen next) to help prepare people for what was going to happen next on a day to day basis. The various initiatives of supporting people to understand information, played a significant role in supporting people to make decisions and to be involved in their care.

The staff liaised with various healthcare professionals to identify the optimal ways of supporting people with their healthcare needs and to lead healthier lives. We saw an example where one person lost weight and started to benefit from improved health outcomes through a review of their medicines and support from staff to change to a healthier lifestyle

The provider demonstrated an exceptionally strong social care model approach to care and person-centred culture by making people their primary focus and not just addressing their physical needs.

There was an exceptionally varied range of activities that was tailored to the people using the service. For example, people took part in community projects, went on holidays, and used interactive light system games to help them to communicate and improve skills such as problem solving and dexterity.

The provider used person-centred care planning to make sure people received the care they needed and took account of people's sensory and communication profiles and positive behaviour plans. They recognised all these areas had an impact on people's behaviour and needed to be addressed as a whole.

Staff undertook reflective practice around the care provided to people, to review if the care provided was appropriate to meet people's needs and to reflect on what else could have been done.

The service is accredited and is part of a number of local and national initiatives and organisations and has an impact not only locally and regionally but also nationally in terms of the national guidance they have contributed to, for example their contribution to the Skills for Care guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection
The last rating for this service was outstanding (published18 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Outstanding ☆

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

Is the service caring?

Outstanding ☆

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

Is the service responsive?

Outstanding ☆

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

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.
Details are in our Well-Led findings below.

Elysium Care Partnerships Limited - 13 Alexandra Gardens

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.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Elysium Care Partnerships Limited - 13 Alexandra Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced and took place on 29 and 30 May 2019.

What we did before the 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 three people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager and senior care workers. We also spoke with two healthcare professionals and a speech and language therapist who was employed by the provider.

We reviewed a range of records. This included five people's care records and medicines records. We looked at four 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 spoke with three relatives and two healthcare professionals.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question was Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• The provider had systems in place to identify and manage risks to people using the service. Each person had risk assessments written in conjunction with their care plans and involved the person, their family and other relevant professionals. Risk assessments were designed to give people as much independence and control as possible about decision making to promote positive outcomes for them.
• We saw examples of risk assessments having a positive impact around people feeling safe and being able to express themselves. One person using the service had the capacity to make decisions about their life in a number of areas. To support the person to be fully involved in writing their own risk assessments and care plans, the provider promoted a format that suited the person's individual needs.
• This was in the form of a 'rule book' that they discussed with staff. The person understood that by creating the 'rules' and sticking to them, they could have more choice, control and independence but this was done within set rules to mitigate risks. The registered manger told us, "Some of the activities that [the person] chooses to partake in may be seen as high risk, or inappropriate for someone living in residential care. We believe that we should encourage people to weigh up the risks and just because we don't agree with their decision to do something doesn't mean that they shouldn't. [Person's] confidence and self-esteem has grown through knowing that [they are] involved in the decisions that are made about [their] life."
• Staff were aware of people's risk management plans and supported people appropriately. Risk assessments clearly acknowledged they did not work in isolation and referred staff to people's behaviour plans, communication plans and care plans so there was an all inclusive approach to working to manage and prevent risk in a person-centred manner.
• The provider promoted positive risk taking and support to enrich people's lives by enabling them to have more opportunities for participation. One person wanted to go on holiday on an airplane but could display behaviour that challenged which made this mode of travel difficult. A positive behaviour support plan reduced the person's anxieties and behaviours to the point staff felt able to support the person on a flight by using a 'traffic light system' to identify at what level the person's anxieties were and how to support them successfully.
• Staff were fully involved in assessing risks and developing behaviour support plans with the in-house behaviour support team. This meant plans were being developed with an in-depth knowledge of people's anxieties and routines and support could be tailor made to each individual.
• The home had checks in place to ensure the environment was safe and well maintained. These included environmental risk assessments, fire risk assessments and a personal emergency evacuation plan (PEEP) for each person. Maintenance and cleaning checks were up to date.

Learning lessons when things go wrong

• Since the last inspection, there had been two medicines errors associated with the same person within a week. An investigation was undertaken and the incidents escalated to a safeguarding alert. The registered manager told us they had taken this very seriously and had implemented new procedures to mitigate this happening in the future. This included updating the medicines procedure, having two staff present; one to administer and one to witness, those staff giving their work phones to other staff and wearing do not disturb tabards and a daily audit of MAR signatures and medicines stock. The medicines competency test was also more comprehensive.

• The provider recorded incidents and accidents, responded quickly to any concerns identified and used it as a learning opportunity. There was a very effective system for monitoring behaviour through their incident and accident forms. The forms were detailed and recorded information from before, during and after the incident to give a clear overall view of what the triggers may have been, how staff responded and the outcome. There was also a record of what action to take to prevent further occurrence. The registered manager told us there was a dedicated team leader to collate incident information which was looked at monthly to provide a clear overview of incidents and was used to identify any patterns in behaviour.

• The registered manager felt very strongly that behaviour and environment were connected with how people experienced life and was very proactive in trying to meet people's environmental needs and understand behaviours that challenged to reduce them, which meant people experienced a better quality of life. As part of this, the behaviour consultant received incident reports with clear headings to alert them to how urgent their response was. Consequently, the behaviour consultant could either give advice or meet for a consultation to work out strategies to support the behaviour and try to prevent future incidents happening.

• Each incident being analysed by the registered manager, staff team and behaviour analyst to identify causes of the incidents and mitigate further incidents had become embedded in practice. As a result, the staff team were very skilled at being able to identify issues and created bespoke solutions for people using the service. This meant a decrease in incidents which created a calmer environment for people and staff. For example, following an incident for one person, the analysis showed the trigger for the behaviour was how busy the dining area was at mealtimes. The service responded by introducing two mealtime sittings, which reduced the number of people and staff in one place at the same time. Consequently, there have been no further incidents during mealtimes and people are less anxious, so more able to enjoy their mealtime experience.

• Care plans and risk assessments were updated accordingly to reflect incidents and outcomes. Staff were notified through the communication book and had to sign to show they had read the changes. This meant all staff were aware of the incident and how to provide a consistent approach in preventing further incidents.

• The evidence that this system was working was the reduction in incidents. For example, one person had up to 83 incidents a month of behaviour that challenged and recently had several months in a row with no incidents. The service had been so successful in supporting this person, their next psychiatry review will discuss removing 'as required' (PRN) behavioural medicines.

• The behavioural analyst told us, "Staff have risen to the challenge [of behaviour that challenges the service]. There were lots of restrictive practices in the past we didn't want to recreate. Very, very good service in adapting to the changing needs of clients and helping people to develop and grow and use replacement behaviours."

• Another example of how the service had used analysis to learn and make changes was of one person who dropped to the floor when their behaviour became heightened. On the first two occasions this happened staff who bent down to speak with the person were kicked. The person's behaviour support plan was updated with guidance that if the person dropped to the floor staff should step back and give the person space. This meant staff were no longer at risk of physical injury and removed the person's feelings of guilt and remorse following an incident which caused them upset for an extended time.

Systems and processes to safeguard people from the risk of abuse
• People and their families told us they felt safe. One person said they had the key to their bedroom and felt safe. Relatives told us, "The environment is safe" and "The doors are locked so that's the main thing for [person]. They do take [them] out."
• The provider had policies and procedures to safeguard people from abuse. Safeguarding and whistleblowing procedures were clearly displayed. The staff we spoke with had appropriate training, were able to identify the types of abuse and knew how to respond to concerns. There was an on-call system operated by managers from the provider's various care homes. These managers attended regular meetings to ensure all the homes worked in the same way, so whoever the on-call manager was, they would be able to respond effectively to a call from any of the care homes, as practice was consistent across services.
• We observed people had one to one time with staff and clear communication and sensory plans to enable meaningful communication with staff. This environment gave people the opportunity to raise any concerns if they did not feel safe and for staff to check with people that they did feel safe. Staff had a good understanding of people's needs and were aware from the care plans and interaction with people what caused them anxiety or to feel unsafe. They also knew how to calm and comfort people.

Staffing and recruitment
• During the inspection we observed there were sufficient staff to meet people's needs and staff responded to people's needs without delay. The registered manager explained rotas were planned on a three week rolling rota to allow staff rest time. Rotas took into consideration appointments, activities, male/female and driver/non driver ratios. Each team had a team leader and there was an additional team leader based in the office with the registered manager who were both able to give additional support as required.
• No agency staff were used. The staff team was fairly stable and some of the staff had worked with people prior to moving into the home and some staff had been at the home since it opened. This gave them the opportunity to build long term relationships with people and created both familiarity, continuity of care and stability.
• Recruitment procedures were in place and implemented to ensure only suitable staff were employed to care for people using the service.

Using medicines safely
• Medicines were administered safely. Medicines stocks we counted reconciled with the medicines administration records (MARs) which indicated people were receiving their medicines as prescribed. A Clinical Commissioning Group pharmacist recorded in April 2019, that the medicines management in the home was excellent.
• The MARs provided clear instructions about the administration of each medicine, including 'as required' (PRN) medicines. We also saw the provider had PRN protocols in place and guidelines for relevant medical situations such as procedures for an epileptic seizure to ensure people received their medicines as prescribed.
• Medicines training was completed annually and staff who administered medicines had competency testing to ensure they had the skills required to administer medicines safely.
• People using the service had medicines plans that indicated what medicines they took, why and any possible side effects. Medicines reviews were held to ensure people's medicines met their needs.
• The provider also adhered to STOMP, a health campaign designed to Stopping the Over-Medication of People with a learning disability, autism or both. The provider had successfully been able to reduce the medicines of several people living at the service. The staff at the previous placement of one person advised they had tried unsuccessfully to reduce the person's medicines and did not recommend it. However, after moving to Alexandra Gardens, the service was able to successfully support the person to reduce incidents of behaviour that challenged and consequently stop the medicine but maintain the person's mental health.
• Another person had historically been taking a medicine to help them sleep at their previous placement but

had not required this whilst staying at their family home. This medicine has been reduced to be given when required at Alexandra Gardens, so the person was no longer dependant on it for sleeping. A third person had also been taking a medicine to help them sleep which has now been reduced to as required after the home took the initiative to try and change the person's bedtime routine so they were not as dependant on medicine.

Preventing and controlling infection

• The provider had an infection control policy, staff had attended training on infection control and we saw a number of checks completed to ensure a clean and safe environment. Staff had access to protective personal equipment such as gloves and aprons.

Outstanding ☆

Is the service effective?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's physical, mental health and social care needs were fully assessed prior to moving to the home to confirm their needs could be met by the provider. Many people came from a residential school setting and there was a significant amount of work put in by the team to ensure a smooth transition to the home. This included working with the person, family, school and the behaviour support team.
• We saw evidence that people were given the opportunity to make choices and be involved in the day to day planning of their care. Staff used communication methods that the person understood to help them make decisions and participate in planning their care. For example, during the inspection we saw people had activity planners, but we also heard people saying they wanted to do specific activities and staff accommodating that. One person wanted to help paint flower boxes and we heard the registered manager asking a member of staff to facilitate that. Another person liked to smoke and had contracted with staff rules around smoking, so they and others remained safe, while they did the activity of their choice.
• People's care and treatment was delivered in accordance with legislative requirements and good practice guidance. The provider worked with Skills for Care to develop good practice guidance and had received accreditation from the National Autistic Society in 2016 for their person-centred work with people using the service. Since then, they have set up a quality action group to further develop and promote best practice and were working toward advanced accreditation at the time of our inspection. This meant staff training incorporated recognised best practice and the quality of care received was of a high standard.
• Processes were in place to ensure there was no discrimination, including in relation to protected characteristics when making care and support decisions. People had a service user hand book that explained what they should expect from the service and staff had appropriate training which included equality and diversity training.

Staff support: induction, training, skills and experience
• People using the service were supported by staff with the skills and knowledge to deliver care and support effectively. Health care professionals said, "They know their service users and have a good knowledge of who they are. When I ask questions, they know the answers" and "Staff understand why people are using aids. The 'now and next board' (a visual aid of pictures that show what activity is happening now and what will happen next) is not just implemented but understood. I'm generally really impressed with the staffs' general understanding of why things are done, which is reassuring."
• In practice, this was implemented by using a now and next board to support one person who found it

difficult to transition between activities and now through using the board, they have increased access to the community and have gone on a holiday.
• Staff completed an induction programme and new care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities. Staff were supported to keep their professional practice and knowledge updated in line with best practice through training that was relevant to care for people using the service. This included training around how to support people with learning disabilities, autism, epilepsy training and Makaton (a form of sign language) training.
• One staff member said, "Autism training was really helpful. We have had a lot of training doing Makaton signs and have a [Makaton] book in the office." This was evident through our observations of how staff supported people. For example, they understood when people needed to do certain tasks in a specific order and gave them the opportunity to do that. Some people asked repetitive questions and staff always responded with patience and consistency as they understood through their training that these were part of people's identified behaviours. Staff regularly used their Makaton training as well as words to ensure they were communicating with people in a way that suited their needs.
• The organisation placed a huge emphasis on staff getting the right training to care for people using the service and working with the right professionals to embed best practice. As part of this, the provider had employed a behavioural analyst and speech and language team (SALT) therapist. There was regular input from the behavioural analyst to support staff to understand people's behavioural plans and how to support them most effectively. Also, the SALT therapist supported the staff team to use 'total communication' which meant they used a range of techniques to communicate with people. The registered manager and health care professionals acknowledged the training and consistent support from professionals meant staff were highly skilled in recognising changes in people's needs and responding to them.
• For example, one person displayed high levels of obsessive-compulsive order type behaviour/rituals. A structured and predictable activity planner was introduced, as were structured rules for the in the home, and any changes were explained in advance. This led to behaviour that challenged being reduced to once every three to four months because the person was better able to cope with changes in the week and sharing space with others. They now also request changes to be made to their activity plan.
• To support staff to effectively use their training, it was reinforced with consultations from other professionals who were also involved in creating and reviewing care plans and risk assessments so there was a clear connection between training and real outcomes. This provided staff with a better understanding of why they were implementing practices and therefore they were more likely to use them. Comments from the SALT therapist and behaviour analyst included, "Staff are already trying and proactively putting strategies in place by the time they ring for a consultation. Ultimately, they know [the people] really well" and "They have challenging service users and staff have risen to the challenge. Lots of restrictive practices from the past did not work and staff have worked hard to recreate different responses. We work well in partnership for people."
• During the inspection the SALT therapist was observing and monitoring people's progress and having informed discussions with staff about what was and was not working. This detailed knowledge of people and the service meant the therapist could tailor training and care plan development to meet the needs of the people using the service.
• Managers and team leaders were enrolled on leadership training and staff supervisions had become more detailed reflective practice meetings where there was an opportunity to identify support needs, training and how the staff member's practice impacted on people using the service.
• The provider had a silver Investors in People accreditation which is awarded to employers who ensure work principles and practices are applied consistently.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to maintain good nutrition. Care plans recorded dietary preferences and food and

fluid intake was recorded in the daily notes. The malnutrition universal screening tool (MUST) was used to assess people's weight and weight was recorded monthly.
• Specific concerns including behaviours or dietary concerns such as allergies were assessed and managed through risk assessments and care plans. There were clear guidelines for staff to support people and we saw involvement from other professionals in creating the plans, so people benefited from multi-disciplinary input.
• We observed when people required support with eating, staff encouraged people to do what they could for themselves while supervising and guiding. Support was provided in a respectful and sensitive manner. For example, we saw one person throw a bowl of food they had been eating on the floor. Staff immediately reassured the person and others in the room and tried to find out what had caused the person's action, so they could resolve it. This indicated they were working in a person-centred way with the person to make eating a pleasant experience and not just a necessary task.
• We observed people accessed the kitchen when they wanted to. Cupboards had pictures on them so people could identify what was in them, and to meet one person's specific needs, they had a cupboard of their own. Meal times were flexible and we saw people eating at various points throughout the day according to their choices.
• People were encouraged to be involved and make healthy choices around food. Some people went shopping with staff for snack foods they liked, and each person had their own snack box with foods they chose, or staff knew they liked, that they could eat from during the day. One person liked to go out for drinks and they had collaborated with staff to write up guidelines for having drinks in the community, so they were involved in making decisions about their support but within safe guidelines.
• Menus were planned in advance and meals were prepared freshly each day. Mealtimes were flexible, and people could ask for a different meal if they wanted to. Independence skills were encouraged and we saw one person helping to prepare for the evening meal by getting out plates for everyone.

Staff working with other agencies to provide consistent, effective, timely care
• Staff in the home worked well together through good communication and daily handovers. The registered manager and staff told us there was constant communication between staff in the home, so staff were kept informed and felt supported in their roles.
• The provider worked with an in house speech and language therapist and positive behavioural support team, psychiatry, community nursing, neurology and dermatology. There was excellent communication between the staff and other professionals to ensure that people receive consistent, timely, coordinated, person-centred care. The SALT therapist acknowledged how staff have developed and embedded their practice. "When they got outstanding there was a lot of input from external / internal professionals. Now although we are still here, the good practice is part of the process instead of having consultations. For me that's what makes this house outstanding in the work they're doing."

Adapting service, design, decoration to meet people's needs
• The home was purpose built, consisting of a main house with eight on suite bedrooms and communal areas connected by a courtyard to four self contained flats also with a communal area. There was also a large enclosed garden. Flats were allocated on the basis of people's needs. For example, if they needed more time in a quieter space.
• The home was well decorated, maintained and suitably met the needs of people using the service. Rooms were personalised to people's tastes and needs. We saw one person had a number of sensory items in their room they liked to use, other people had family and holiday photos on display. One person exhibited self harming behaviour and the room had been made safe for their use. People had televisions, games consoles and computer tablets in use in their rooms that reflected their personal interests. Communal areas also reflected the interests of people and had a swing, flower beds and a trampoline. One person liked the texture of soil and this was facilitated by them having a door in their room they could access the garden

from directly during the day.
• The home had a number of boards in the communal areas which informed people about what was happening in the home. This included the names and photographs of staff working that day. One person who found handover between shifts difficult, helped to change the photos of staff so they felt involved in the change.
• The provider also used assistive technology such as an alert when people went through certain doors. The registered manager told us, "Technology is used to alert staff to people's movements around the home which enables people to have time alone and be safe without the use of cameras."

Supporting people to live healthier lives, access healthcare services and support
• People were supported to lead healthier lives. The service worked with health care professionals and families to ensure information about people's needs and support were shared to promote people's wellbeing and consistency of care.
• We saw evidence of referrals made to other services and during the inspection we saw healthcare professionals who specialised in epilepsy visiting the service. The provider had commissioned a behavioural analyst and speech and language therapist who engaged with people using the service on an ongoing basis, discussed people's changing needs, helped to develop care plans and trained staff to ensure people's healthcare needs were being met.
• People were supported to have regular access to healthcare professionals and appointments were recorded. People had 'hospital passports' which contained information about the person and their needs and acted as a written guide for healthcare professionals so they had a better understanding of them.
• Staff understood that good heath improved peoples' quality of life. One person had put on weight due to their medicine for a specific health condition. Staff supported the person with health appointments, a medicine review and working with the behaviour analyst to implement a positive behaviour support plan. The person's health condition was better managed, they had lost weight through a slimming club, had a more active lifestyle and incidents of behaviour had significantly reduced demonstrating a positive impact on both their health and quality of life.
• A visiting nurse told us they were aware of one person who needed a blood test but this would be frightening and stressful for the person. Therefore, the service was planning how to prepare the person so the experience was less frightening and more positive.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• We saw where appropriate, if people were assessed as lacking capacity to consent to restrictions on their

liberty, the registered manager had submitted a DoLS application. However, within the home, they tried to make it as least restrictive as possible and used, for examples, sensors to alert staff to people's movements.
• Where people were assessed as lacking capacity to make specific decisions, best interests decisions had been made. The registered manager told us about an example where two people may have been interested in a sexual relationship. The provider involved a healthcare professional to assess the mental capacity of both individuals and when it was found that they did not have capacity to consent to a sexual relationship, best interests decisions were made for them with the involvement of the people's relatives, the healthcare professional and the registered manager.
• All staff undertook MCA training and staff we spoke with understood the principles of The Act including people having choice and control in their day to day lives. One staff member said, "Always give people choices otherwise you are just doing it for them. Always ask them what they want; a bath, how to dress… If they don't want to they don't have to." They gave an example of a person who liked to be in the garden and feel the mud. When staff asked if they wanted a bath because they had mud on them, the person said no. Staff respected their decision and acknowledged, "It's sensory for [them]."

Outstanding ☆

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity
• The provider had an annual talent show where people from across the provider's services were encouraged to participate, irrespective of their needs.
• The provider helped to celebrate people's differences and individuality and acknowledged that these did not prevent them from achieving in their lives and their diagnosed conditions were an important part of who they were. Celebrating in this manner helped to make people feel positive about their identity and increased awareness of learning disabilities in the wider community.
• The registered manager noted that, "The talent show gives everyone an opportunity to show off a little! Confidence and self-esteem are built. Seeing residents faces when everyone is cheering for them says it all."
• People were supported to access community activities, but where needed, additional support was provided for people to get the maximum benefit from the activity. The service facilitated people to attend adaptive trampolining, disabilities rugby, companion cycling and people could access private cinema screenings. This mean that people had opportunities to access activities that were relevant to their interests and needs.
• Staff were patient when talking with people and actively listened. We heard one person telling staff that they wanted to travel in a car but which car and where they wanted to sit changed each time they said it. Staff understood that this was a known behaviour for this person and were supportive of helping the person clarify what they wanted.
• People's bedrooms were all very individually decorated and clearly reflected the person's tastes and interests.
• Staff completed training in in equality, diversity and the Human Rights Act and were respectful when speaking with people and communicated in a way people understood. The home promoted diversity and celebrated Autism Awareness Week and Down Syndrome Day.
• The service was culturally inclusive. Two people enjoyed food and music from their own culture. Their music was also played in the communal areas so others could join in and when they went to restaurants a group of three or four would go to share in the experience.
• The service had strong links with other professionals and external bodies and encouraged other professionals to come to the home to undertake assessments and reviews where possible. Our observations confirmed this. They also welcomed families to the home and where appropriate involved them in people's care planning.

Supporting people to express their views and be involved in making decisions about their care
• The service was very focused on supporting people to express their views. Staff used various communication methods to ensure people using the service were involved in decision making around their care. Each person had a communication plan with input from a speech and language therapist. This meant people who could not communicate verbally were able to make choices.
• For example, all the cupboards in the kitchen were labelled and people were encouraged to go into the kitchen with staff to make choices about their foods and drinks. One person could become overwhelmed by the kitchen, so they had a choice board where photos, not symbols, of food were placed which meant the person could make a choice out of four to six items of food available.
• Another person could not verbally describe what they wanted. To ensure the person was getting the haircut they wanted, they were shown photos on a computer. When they chose a style, a picture was printed out for them to take to the barbers. They also used the computer as a tool to make other choices, for example showing the person pictures of different places helped them to decide where to go on holiday last year.
• The provider used, 'activity feedback forms' where staff recorded observations about people's behaviour, mood and interactions during activities to see if they enjoyed the activity.
• One person had 'rules' developed as part of a person-centred approach to supporting people who display behaviours that challenge called positive behavioural support (PBS). The 'rules' had been negotiated with the person for specific activities such as drinking alcohol and smoking and allowed the person to make informed decisions. Their involvement meant they had some choice and control and were able to do things that were important to them. For example, they told us they went to the pub for a drink and that they enjoyed this. We observed that they followed their rules for smoking and this created a more independent feel to their activities.
• Staff understood that all behaviour including behaviour that challenged was a way of communicating and were very skilled in identifying, mitigating and managing peoples' behaviours. There had also been a lot of work undertaken with people to reduce behaviour that challenged by identifying triggers, meeting people's needs and providing people with alternative ways to communicate their needs. For example, one person showed heightened anxieties, swearing and upset when they could not reach a relative for a weekly telephone call. Now, if the person does not reach their relative on the phone, the person calls a staff member to talk with. This response has seen the person's anxious behaviours stop.
• The provider went to great lengths to ensure each person had a keyworker who was matched with them and who had regular key working sessions with the person. People were given the opportunity and supported to choose a keyworker to work with them. In addition to this the staff member was required to have an understanding of what it meant to be a keyworker and demonstrate a willingness to take on the role. The registered manager stated they would not match people to keyworkers just because they have the same cultural background, but it may form part of the decision making. "Without a good relationship between the two, the key working will not be as successful or effective as it could be."
• We observed a number of people receiving one to one support during the inspection and we could see a lot of informal conversations between staff and people using the service. This helped to ensure people had the opportunity to express their views throughout the day and be involved in how their care was delivered.
• The provider also supported people to be peer quality checkers. The quality checker visited services in the organisation, checking the quality of the service provided and received feedback from their peers on how they experienced the care delivered. This helped people using services to feel comfortable enough to communicate their views about the services they received.

Respecting and promoting people's privacy, dignity and independence
• The registered manager was a 'dignity champion' and a 'dignity tree' in a communal area where staff had written best practice examples of how to promote dignity with the people they worked with, was used as a visual reminder.

• Staff were mindful of caring for people in a dignified manner when supporting them with personal care but also gave the example how if someone had a seizure, they diverted other people away and reassured the person until they were ready to move to their room. This helped to ensure the privacy of the person who was not feeling well.
• Some people had keys to their bedrooms and could lock their doors. We saw whenever staff entered any room, they knocked first and asked if it was okay to come in.
• Staff and several relatives told us staff always try hard to promote people's independence and noted the degree of success varied. One relative explained how the staff had worked with their family member until they were "at the limit of what they are safe to do".
• Life skills teaching and household chores were incorporated into people's activity plan to increase people's independence and living skills. For example, the home had been positively promoting contact between a person and their relative. Recently, for the first time in four years, the person requested to call their relative, indicating the work put in by staff to improve the relationship was having a positive effect.
• Another person had been attending a slimming group and as part of taking control of their own diet was encouraged to chop vegetables and other ingredients to make their own meals with staff support. They have successfully lost nearly two stone.
• A third person was supported to write out a shopping list with costs, before going shopping. This has helped to reduce their level of confusion and heightened behaviours in shops when they did not have enough money for their purchases. It has also supported them to better understand the value of notes and coins.

Outstanding ☆

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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.

• Each person had a personalised communication profile developed by the speech and language therapist and a communication care plan with practical examples of how to support the person. These were linked to people's behaviour support plans and sensory profiles. Plans reflected people's needs and preferences and staff had clear guidelines to follow.
• The service highlighted the use of 'total communication' which involved using body language, objects of reference, symbols, Makaton (a form of signing) and words to communicate. Written contracts and rules, easy read guides, music and social stories were also used in the home to support individual communication needs. We observed that when staff and people were talking they also used some Makaton signing to complement what they were saying. All staff were aware of each person's communication plan and communication guidelines were shared with other relevant organisations, for example hospitals and colleges to ensure people's needs were understood and met.
• A number of people used 'now and next' boards or communication strips so they knew what the next activity or task was they were going to do. In the past, one person consistently refused to go out. A now and next board was implemented to lessen their anxiety and now they feel more confident about going out.
• Another person who experienced anxiety around doctors and medicines, had an easy read booklet that helped explain anxiety in a way they understood and helped them to recognise the things they worried about. Staff identified the signs of the person's anxiety and then supported the person to recognise the signs. This helped them to decide to try medicine that helped with their anxiety. Now the person is more open in talking about their feelings and is aware that other people have these worries too so they do not feel 'different'.
• The staff team demonstrated their flexibility and ability to be creative in supporting people. One person had stopped responding to their usual cues such as pictures and staff began using music as a way of communicating certain times. A routine was developed that was repeated each day to support the person with bathing, dressing and mealtimes. Staff created a playlist on the person's tablet with different songs to signify different parts of the day. This meant they were able to understand when things were about to happen and there was a reduction in their anxiety.

• Another person had been going home at weekends but had not always been able to communicate what they had been doing during the week at Alexandra Gardens or on outings. Staff began to maintain a scrap book / photo album for the person so they could take it home and show their family what they had done. This worked so well promoting positive communication, staff now do albums for a number of people using the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• The provider ensured that care plans had very detailed support guidelines for staff and it was clear that positive behaviour support plans, sensory profiles and communication plans were to be implemented alongside risk assessments. The level of assessment and subsequent care planning meant people received personalised support in innovative ways that was bespoke to their needs and covered all areas of their life.
• An opportunity for people to make their views known were review meetings held six monthly and attended by the person, their family and external professionals.
• Most people using the service were not able to sit through a formal meeting for them to be fully involved in developing their care plans and some people were not able to verbalise their needs. However, healthcare professionals told us it was a strength of the registered manager to be able to involve external professionals together with the person and their families to look at peoples' care needs from different perspectives and develop care plans that responded to people's identified areas of required support.
• We saw that the support plans and profiles helped to ensure people's needs were met by providing staff with clear guidelines on meeting the identified needs. For example, care plans were clear on how to prevent and support certain behaviours and provided people with alternative ways to communicate their needs.
• One person had a severe learning disability, autism and behaviours that challenge. By analysing the person's behaviour to identify triggers for the particular behaviour, staff were able to develop a clear sensory plan to meet the person's specific needs associated with their senses which helped to reduce incidents of behaviour that challenged. Staff also took into account that the person's behaviour was made worse during periods of high pollen count because the person had hay fever and made arrangements for the hay fever to be treated and managed.
• The behaviour analyst confirmed this and told us the registered manager and staff had been incredibly responsive to people's needs associated with their behaviour, which has led to less incidents. For example, after ruling out a physical cause, the registered manager undertook research on what they thought might be the cause of a person's behaviour. They presented this to the psychiatrist which resulted in a new diagnosis and a revised care plan that better met the person's needs and therefore improved their quality of life.
• The service recognised sensory needs for people with autism is incredibly important. Sensory needs were identified for people using the service and shared with the speech and language therapist and behavioural analyst who helped to create support plans to meet people's individual needs. Staff were then able to create personalised activity plans by incorporating people's sensory needs and included activities to help meet these needs in a more appropriate way. For example, one person sought sensory input from a particular strong smell. Staff observed a dramatic reduction in this person's behaviour associated with their quest for the particular smell since the introduction of personalised aromatherapy oils and scents placed in their bedroom.
• Staff had outstanding skills to respond to people's needs such as their observation and communication skills. They knew people and their needs very well and were easily able to identify changes in people and respond appropriately.
• One person had given some staff different names of their choosing. We observed when working with the person, staff responded to the name given to them by the person, to help the person feel at ease and were not concerned that their names were not used. This person also asked repetitive questions and there were clear guidelines of what the staff's response should be to keep the person's mood stable. Staff followed these guidelines at all times because they understood the impact that a wrong response could have on the

person.
• Any changes to communication profiles and behaviour support plans were communicated across the staff team, care plans were updated in line with changes and staff had the opportunity to reflect upon and evaluate their own practice in one to one sessions.
• Incident flow charts were used to identify areas where something was or was not working or where more support was required, and staff were also skilled at identifying areas for improvement. The registered manager told us, "Person centred plans are at the heart of what we do and we have updated the document in our Quality Action Group (managers' group) to ensure that each area of someone's life is supported, involving the person and their circle of support."

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
• Staff were flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. People were supported to participate in activities they enjoyed, and the service accommodated this through activities in the home and a diverse range of activities in the community. The home had two vehicles for this purpose and staffing was organised to enable people to pursue their interests. One relative said, "Always accommodating [person] going out. As long as all that is going on, [they're] happy and I'm happy."
• The registered manager noted each person had different needs and it was important to recognise these. Prior to planning people's activities, a sensory profile and care plan was completed. Activity plans were personalised to reflect people's preferences as well as meeting people's sensory, health and well-being, fun, life skills teaching and domestic task needs. The service used an activity feedback sheet to record people's response to each activity. People chose what they wanted in their weekly planner and could make adjustments to the activity on the day. Some people had physiotherapy needs or communication needs which were incorporated into their activities.
• Staff told us, "Each of the people we support has their own individual likes and dislikes, and things that are important to them. If we do not recognise this then we are taking away part of who they are." For example, staff had observed one person talking about church, and asked the person if they would like to attend church. At the person's request, church services have been introduced into their activity plan and they attend with their key worker. They particularly like the hymns and take great enjoyment singing in church. They have also started to make new friends outside of the home.
• Since the last inspection the provider had invested in an interactive light system where games could be played on a table top. The games can be for leisure or to teach people skills. A team leader operated the controls, while the speech and language therapist observed so they could reflect on what worked well. They discussed these observations with staff. Each person had a one to one staff support for this activity. During the games, we observed positive communication between the team leader and person playing. Staff were continually smiling and encouraging people to choose games they would like and if people were not responding verbally, the team leader was responding to body cues such as a raised eyebrow and small nod to support the person to play the game of their choosing.
• The registered manager told us the provider was always looking for ways to encourage people to create relationships with people outside of the home. Within the organisation they had regular social clubs organised by different homes where people were encouraged to socialise and meet others with similar interests. The clubs included cookery, interactive light table games, arts and crafts, and pamper sessions. There was also a 'Funky Fridays', disco once a month where people from all of the provider's homes got together in a local community centre.
• Other community activities included, one person volunteering in a 'Riverside Clean Up Project', an autistic friendly screening at a local cinema that was tailored to the needs of some people using the service, an adapted trampolining session so that people were not upset or anxious about being around unfamiliar faces or people who do not understand their needs, college, the gym, adaptive rugby and adaptive skiing. People

had also been successfully supported to go on holidays of their choosing.
• The service worked closely with people's relatives to identify the right support for each individual person and kept relatives informed about their family member's life. Some relatives visited the service and other people went home to visit with relatives. One person had a distant relationship with their relative, but they now have regular contact because staff supported them to video call their relative. Another person found the transition from Alexandra Gardens to home and back again difficult and displayed behaviour that challenged their family and staff. Clear and simple behaviour contracts were implemented. Now transitions are better managed which means the person can have more visits home to their family.

Improving care quality in response to complaints or concerns
• The provider had policies and procedures in place to address concerns raised by people, their relatives and others. There had been no complaints since the last inspection. People we spoke with said they would tell staff if they had any concerns and relatives told us, "[The registered manager] is easy to talk to. No problems at all. I know how to make a complaint" and "I would go to [registered manager] as a first port of call for a complaint. I don't have many issues like that."
• The registered manager and staff had regular contact with peoples' relatives so they could address any issues before they became a complaint. People using the service had one to one sessions with the staff, where they could raise any concerns and also more formally at reviews.

End of life care and support
• Nobody at the service was currently receiving end of life care as the service catered mostly for younger adults, none of whom had a life limiting diagnosis. However, the registered manager told us they had begun to talk with people using the service and their families about completing preferred priorities of care documents to plan for people's wishes regarding their future.

Outstanding ☆

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same as outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The service was exceptionally person centred. The registered manager and staff were very passionate about ensuring people were always at the centre of their home, their environment was appropriate, and that care was delivered to a high standard that met their needs and preferences. A healthcare professional told us, "Staff understand and know people's needs" and relatives agreed the service was well run.
• At the last inspection the service was rated outstanding and the provider continued to strive to improve the quality of people's lives.
• There was evidence of people achieving good outcomes measurable through a reduction in behaviour that challenged through tailor made interventions. People using the service, their representatives, staff and other professionals were involved in developing these. People had improved their skills and were able to take part in a variety of activities which promoted their self-confidence and wellbeing. This was confirmed by the people we spoke with, the photos on display or in albums capturing new and different activities people enjoyed as well as records about their care and support.
• The registered manager had a clear vision of how the service should function. They were very involved with every aspect of running the service and were aware, not only of people's needs and wishes, but also recognised staff strengths and areas to improve on. There was a cohesiveness to the team where they all understood their roles and worked together to support people using the service and each other.
• There was continuous reflective practice to make sure each individual member of staff felt supported and informed of any changes so that best practice was delivered in a consistent way. This included individual and team meetings. One staff member said, "At monthly team meetings we will have a discussion and staff will give their opinions or [say] if we're not happy. I think managers listen. If I have a problem I always speak to [the registered manager] and they sort it out." There was a very strong culture of ensuring staff had the right training and access to other professionals to develop their skills and understanding of the various processes and strategies employed by the service.

Continuous learning and improving care; Working in partnership with others
• The registered manager and the management team were very passionate about improving their skills and knowledge base and actively sought out opportunities to do this. Much of this was achieved through working in partnership with others.
• Within the organisation managers held bi-monthly quality action group meetings where best practice was

shared between managers, team leaders and the clinical team. Having everyone present meant strategies and procedures were disseminated through the organisation uniformly and consistently. For example, they developed and improved care plans formats and the impact was this made it easier for staff to monitor and improve practice.
• The registered manager also attended provider forums held by the local authority to share best practice and up to date information within social care.
• The registered manager was a member of a number of organisations including the Outstanding Society (an organisation for services who have achieved an outstanding CQC rating), the British Institute of Learning Disabilities (BILD), STOMP- Stopping the over-medication of people with a learning disability, autism or both, the National Autistic Society and Dignity in Care. In addition, they received and shared with the team newsletters and guidance from CQC, Skills for Care, the National Institute for Health and Care Excellence (NICE) and BILD with the staff team. This meant staff were up to date with best practice guidance and had the skills to work toward achieving better outcomes for people. Examples of this are demonstrated throughout the rest of the report.
• The registered manager's enthusiasm for sharing best practice and knowledge was very evident throughout the inspection and from the examples they gave us. The organisation was accredited with the National Autistic Society and are currently working toward an advanced accreditation award.
• Being accredited indicated the service was working in a way which has been identified as best practice by experts in the field of autism which meant people living in the service are more likely to receive the best support based on best practice national guidelines. The advanced accreditation demonstrated the service was leading the way for the future and going above and beyond to support and promote individual needs. People will be receiving the highest standard of care and support as the service will have been recognised as providing staff with the tools, training and knowledge to be able to do this effectively.
• The provider worked with Skills for Care and we saw evidence of their contribution to best practice for people with learning disabilities in the Skills for Care Outstanding Care Guide. The interactive light games the service used were still being developed for people with learning disabilities and the registered manager provided feedback to the company to assist in development in this area.
• They worked in close partnership with the behavioural analyst, speech and language therapist, psychiatrist, GP and the local authority's learning disabilities team through consultation, research and reflection to make sure they were following current practice. A healthcare professional said, "[The registered manager] is very professional. There is never an issue of them not doing what is discussed. Very good partnership work. They are very good at keeping everyone working together."
• The service was constantly striving to develop best practice to improve people's experiences both inside the home and in the community. One person had a specific diagnosis and their college did not understand fully how this impacted on the person's life. They were repeatedly suspended from college for behaving in a way that was typical of their diagnosis but was not understood by the college. The registered manager met with the person's tutor to discuss research papers and evidence with supported this. As a result, the college changed how they supported the person and this has reduced the behaviour causing them to be suspended. It has also meant the person is not suspended for behaviour that is not always in their control and is able to access college on a more regular basis.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager was transparent and open in their communication. When something went wrong they were honest about it and informed people appropriately. For example, when there had been two medicines errors they informed the family, the local authority and CQC. They also investigated concerns and put in measures to mitigate further occurrences.
• The registered manager encouraged people from external agencies including Skills for Care (a training organisation to support providers and staff working in social care) and social services to visit and where

possible, reviews were held in the home which gave the opportunity for people from outside the home to make observations and bring their perspective to how people's care was being delivered. For example, after meeting with a commissioner from a funding local authority, the service were trialling the commissioner's suggestion around record keeping in medicines administration.

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

• The registered manger was conscious of leading by example and inspiring staff to deliver best practice to improve people's quality of life. They were enthusiastic and passionate about their job and staff we spoke with responded to this in a positive way. Comments included, "[The registered manager] is very approachable. She's there if I need her", "This is the first place I've worked I can confidently go to my manager and speak confidently. There is nothing you can't ask her. It's the same with team leaders" and "[The registered manager] is really passionate about her job and really dedicated."

• The registered manager had a background working with people with learning disabilities across a range of services including schools and residential services. They had an appropriate care qualification and continued to build on it by attending leadership programmes. They were very proactive in undertaking their own research and in seeking and following through on advice from other professionals.

• Policies and procedures were up to date and there was a robust and effective auditing system to monitor the quality of services provided in the home so any areas that needed improvement were identified and addressed. These included a number of audits and checks. For example, there was a frequency and severity form that charted incidents and gave the registered manager a clear overview of the nature of the incidents which meant they could better address them.

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

• Placing people at the heart of the service was embedded in the culture of the service. People using the service were engaged through one to one key working sessions, reviews and residents' meetings. One person was a peer reviewer and involved in collecting feedback to inform the provider of what people thought of the care they received. Feedback from the peer quality checks was given to the registered manager and any themes across the provider's home were discussed at the quality action group attended by managers to make improvements in specific highlighted areas.

• The service held monthly residents' meetings. Minutes we saw indicated people contributed to the meetings and action was taken when an issue was raised at the meetings.

• The registered manager was always available for staff and ran a monthly drop in for staff, to ensure there was a dedicated time for staff to have the opportunity to discuss any issues with them. Reflective practice was also a useful tool for the management team and staff to look how staff practices impacted on how people experienced their care.