Autism Wessex

Autism Wessex - Barn Close

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 March 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who were often out during the day. We needed to be sure someone would be in when we visited.

The service provides accommodation and support for up to four people with a moderate to severe learning disability or autistic spectrum condition. People and the staff moved from a more remote rural location to this home in June 2015. The new home provided modernised premises and had good access to the town, shops and other community facilities. At the time of the inspection there were four people living in the home. People were able to communicate verbally but their understanding and communication skills were limited. People were relatively independent in terms of their personal care needs but they often needed prompting from staff. Staff supported people with their daily living routines including cleaning, cooking and transport. People needed one to one staff support when they went into the community to help reduce their anxieties and to keep them safe from harm or abuse. Some people needed two to one staff support for certain activities.

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

The registered manager said the service ethos was "For each person to achieve the best of their abilities and to be as independent as possible. To be able to express their choices, needs, likes and dislikes and to make decisions for themselves. Also to give staff the skills to support people to develop and move on".

The registered manager was responsible for managing two of the provider's care homes and spent roughly half of their time in each home. They were supported by a deputy manager in each of the homes. People, most of their relatives and all of the staff at Barn Close told us the registered manager and the deputy were very accessible and approachable.

People had choice and control over their daily routines and staff respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions about their care and welfare the provider knew how to protect people's rights.

The service employed a small team of permanent staff who were very knowledgeable about each person's support needs, behaviours and preferences. There were sufficient numbers of staff to meet people's needs and to keep them safe. Staff received comprehensive service specific training to ensure they had the necessary knowledge and skills to provide effective care and support. People were supported to access more specialist support and advice from external health and social care professionals when this was needed.

Systems were in place to ensure people received their medicines safely. Checks were carried out to ensure the correct medicines were administered to the right people at the right time. Staff were regularly assessed by management to ensure they supported people safely and competently.

People were supported to visit relatives, access the community and participate in a range of social and leisure activities of their choice on a regular basis. Each person had a 'circle of support', including family members, staff and other professionals involved with their care. The 'circle of support' was involved in the person's care planning to ensure they maintained good health and wellbeing.

The home provided a modern homely environment and the premises and garden were well maintained throughout. People had unrestricted access to all of the communal areas or could return to their own rooms if they wanted time on their own. People's rooms were well decorated and furnished to suit each individual's tastes and interests.

The provider had an effective quality assurance system which ensured the service maintained good standards of care and promoted continuing improvements.

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.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

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

Is the service effective?

Good

The service was effective.

People received effective care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and to access external health care services when needed.

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

Is the service caring?

Good

The service was caring.

People were supported in a homely environment by caring and considerate staff.

People were treated with dignity and respect and were supported to be as independent as they wished to be.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were known and acted on.

People and relatives were consulted and involved in decisions about their care.

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

Is the service well-led?

Good

The service was well led.

People were supported by an inclusive and open management team and by motivated staff.

The service had a caring and supportive culture focused on promoting the best quality of life for the people who lived in the home.

The provider's quality assurance systems ensured the standard of service provision was maintained and improved.

Autism Wessex - Barn Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who were often out during the day. We needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. This was the first inspection at this location since it was registered with the Care Quality Commission in June 2015.

During the inspection we had limited conversations with the four people who lived in the home, due to their communication difficulties. We also spoke with the registered manager and three support workers. We observed staff practices and interactions with the people they were supporting. We also reviewed people's care plans and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files.

Following the inspection we telephoned three people's relatives to gain further feedback about the service.

Good

Is the service safe?

Our findings

We observed people were well treated and they appeared relaxed and happy with the staff supporting them. One person said, the staff "are nice, no one's nasty" and another person said "They keep me safe". People's relatives felt the service provided a safe and secure environment. One person's relative said "No problems at all. I have no suspicions of anything untoward". Another relative said "[Person's name] is happy there and certainly not mistreated". Relatives told us people were always happy to return to Barn Close after visiting their families. This showed they did not have any anxieties about returning to the home.

People were potentially more vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager or the deputy manager would deal with any concerns immediately to ensure people were protected.

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

Care plans contained risk assessments with measures to ensure people received safe care and support. For example, there were risk assessments and plans for supporting people when they became anxious or distressed. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these incidents. Staff received training in positive intervention to de-escalate situations and keep people and themselves safe. Similarly, there were risk assessments for people to access the community, to participate in social and leisure activities, and to carry out daily living activities within the home.

Any incidents were reviewed by the registered manager and necessary actions were taken to minimise the risk of recurrence. A monthly incident report was submitted to the provider for monitoring purposes and the provider had an annual risk and restraint reduction plan. The registered manager said people had settled into the new home well and the number of significant incidents was low. Most of the incidents related to challenging behaviours directed primarily at staff when people became anxious or distressed for any reason. A small number of incidents had been reported to the local authority safeguarding team, but the registered manager had subsequently been told these did not meet the safeguarding criteria. This showed the registered manager was aware of the need to report significant incidents to the relevant statutory authorities. The provider had a central intensive support team of specialists to support local services with the management of more complex care needs and to assist with any serious incidents. Specialist NHS support was also accessed when needed.

Staff knew what to do in emergency situations. For example, there were protocols for responding when people experienced epileptic seizures. Staff received training in providing the required medicines and knew

when and who to notify if the seizures were prolonged. Staff said they would call the relevant emergency services or speak with the person's GP, or other medical professionals, if they had concerns about a person's health and welfare. The service had a business continuity plan for implementation in the event of a major adverse incident.

The registered manager carried out quarterly health and safety checks and the provider arranged annual checks to ensure the physical environment in the home was safe. The provider had a comprehensive range of health and safety policies and procedures for staff to follow in order to keep people safe.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The service employed a small consistent team of staff who were knowledgeable about people's preferences and behaviours. There was usually three support staff plus the registered manager, or deputy manager, on duty during the day shifts. Sometimes there were only two and at other times four support staff, depending on the activities planned for the day. People needed at least one to one staff support to access the community. One person regularly received two to one staff support according to their planned activities and their anxiety level.

At night, there was one sleep-in member of staff with a senior person on-call for advice or support. We were told there used to be one waking night staff but due to funding requirements the sleep-in arrangement was being trialled. Staff told us there were sufficient staff numbers to meet people's personal care needs and their planned activities. However, the waking night staff used to do some of the housework while people were asleep. This now had to be done by the day staff and when there was only two support staff on duty, the workload could be intense but manageable.

For short notice or unplanned staff absences, the service used the provider's relief team for assistance. The relief team comprised a bank of staff employed by the provider available to cover shifts at short notice. Relief team staff received exactly the same training as other support staff. They worked across a number of the provider's homes and became familiar to the people living in the homes. As a result, the service rarely needed to use external agency staff.

Systems were in place to ensure people received their medicines safely. All medicines were prescribed by the person's GP and were kept in secure and suitable storage facilities. Staff received medicine administration training and medicine rounds were periodically observed by the managers to ensure staff practices were safe. Each shift leader was responsible for checking staff completed people's medicine administration records correctly. We observed the medicine administration records were accurate and up to date. These checks helped ensure the correct medicines were administered to the right people at the right time.

Good

Is the service effective?

Our findings

Feedback from people and their relatives indicated the service was effective in meeting people's needs. One person said "I like living here" and another person said "I feel OK really". One person's relative said "The staff are all very good. [Person's name] is hard work, they do have a job as he is very intense and demanding. I have no problems with the way he is cared for". Another person's relative said "The staff are good at working with [person's name] and persuading him to do the right things. He is a big lad and won't do anything he doesn't want to. It does work, he very rarely loses it. This is because of the way they treat him".

Staff were knowledgeable about each person's needs and preferences and provided support in line with people's agreed plans of care. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. This included safeguarding, first aid, infection control, administration of medicines, food hygiene, diversity and dignity, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Person specific training was also provided to meet people's individual needs, including: epilepsy, sign language, communication systems using pictures and symbols, positive behavioural support, breakaway and restraint training. The provider had its own system for assessing staff competencies and ran specialist two day in-house training courses in autism awareness. They also encouraged and supported staff to undertake continuing training and development, including national vocational qualifications in health and social care. This comprehensive range of staff training helped ensure people received effective care based on current best practices.

Each member of staff had an individual training matrix which was reviewed during their one to one supervision sessions. A relatively new member of staff told us they received a comprehensive induction programme over several months which included the in-depth training course in autism awareness. After the initial induction training, they then shadowed experienced members of staff for two weeks until they got to know each person's individual support needs. The competency, knowledge and skills of new staff were assessed over a 12 month probationary period. New staff received four weekly supervision sessions and established staff six weekly supervisions. Staff also received annual performance and development appraisals by the registered manager to review their performance and identify any further training needs.

People's individual care and support was discussed regularly at shift hand-overs, staff supervision sessions and monthly team meetings. This helped ensure people received appropriate and effective care. Staff said everyone worked well together as a friendly and supportive team. They said they could turn to either the registered manager or the deputy manager for advice or assistance at any time.

People who lived in the home were not always able to express their choices clearly through speech. Staff were trained to communicate effectively in ways people could understand. For example, communication systems using pictures and symbols were sometimes used to aid people's understanding. Staff said people generally understood what others were saying but they tried to keep sentences short and allow people sufficient time to process the information. Some people preferred to vocalise their wishes whereas other people relied more on body language and physical gestures to indicate their choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We observed when people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. Staff had also received training and had an understanding of the requirements of the MCA and the DoLS.

DoLS authorisations had been approved for three of the people in the home as certain restrictive practices were necessary to keep them safe from harm. The service was awaiting the outcome of a DoLS application for the fourth person. This showed the service followed the requirements in the DoLS. We saw associated risk assessments and best interest decisions documented in people's care plans. We were told restrictive practices were regularly reviewed with a view to reducing the number and impact of any restrictions on people's freedom, rights and choices.

People were supported to have sufficient to eat and drink and to have a balanced diet. Staff were knowledgeable about people's individual dietary tastes and preferences. One person, who was at risk of choking, had been referred to a speech and language therapist. They had a strict eating and drinking plan and staff ensured their special dietary needs were met. A referral had been made to a dietician for advice on a weight reduction diet for another person and daily walks had been introduced into their activity plan.

People were actively involved in menu planning and took turns at planning one evening meal a week, including helping with the food shopping and meal preparation. A selection of vegetables or salad was offered with every meal. A roast dinner was provided on Sundays and the remaining two evening meals were planned by staff around people's known preferences, while introducing as much variety as possible. People were able to choose an alternative to the planned evening meal if they wished. People were free to choose their own breakfast and lunch options from a variety of foods available in the kitchen. People had access to the kitchen and could make snacks or drinks when they wished, although staff were always available if they needed assistance. We observed fresh fruit was available in a bowl in the kitchen for people to help themselves.

People were supported to maintain good health and wellbeing and had access to a wide range of health and social care professionals. Each person had an annual GP health check and medicine review. People were supported by a range of local healthcare practitioners, including the local GP and dental practices. More specialist advice was sought when required from the local hospital and mental health NHS trusts and from the provider's central intensive support team. Care plans included records of hospital and other health care appointments as well as multi-disciplinary team assessments.

Good

Is the service caring?

Our findings

People appeared settled, happy and confident in their new home environment. We observed people regularly engaged with the staff regarding their activities, food and drinks. All of the interactions we observed between people and staff were friendly and supportive. One person said about the staff "They are all alright". Relatives told us their relatives were very happy living at Barn Close. One relative said "We can't fault it, it's perfect". Another relative said "Yes, the staff certainly seem to be very caring".

The registered manager and the staff clearly wanted the best for the people who lived in the home and wanted them to have as happy and independent a life as possible. One experienced member of staff said "The guys [referring to the people who lived in the home] are really happy. I'm very fond of them. I've worked with them for so long now". Staff explained how people's daily living skills had improved and how they were now relatively independent with their personal care needs and only needed occasional prompting. People were gradually developing other skills for daily living such as cleaning, tidying and food and drink preparation. People's anxieties had also reduced and this was reflected in less reliance on administration of 'as required' medicines.

We observed examples of the service's caring approach. There were easy to read signs with symbols and short phrases around the home advising people to talk to staff if they felt unhappy about anything. We observed one person had a wall chart in their room with stars awarded in recognition of certain achievements. There were staff comments next to the stars such as, "You have been amazing this evening at the panto" and "For saying sorry to another person".

We observed staff spoke to people in a patient and considerate manner and respected their wishes. We heard staff consulting people about their choices and activities and no one was made to do anything they did not want to. People were encouraged to make their own decisions, as far as they were able to. For example, people could choose to socialise with others in the communal parts of the home or could decide to return to their own rooms if they wanted some private time alone.

Staff respected people's privacy and dignity. Personal care took place in the privacy of people's own rooms or bathrooms. Staff ensured doors were closed and curtains or blinds drawn when personal care was in progress. If people asked staff to assist them this was done in a discrete and respectful manner.

Each person had an assigned key worker. This was a member of staff they had a good relationship with. The key worker had particular responsibility for ensuring the person's current needs and preferences were identified and acted on by all staff. Relatives told us the staff had a good understanding of their relatives individual support needs. The registered manager told us people were also supported to access independent external advice for certain important decisions. Three of the people had Deprivation of Liberty Safeguards (DoLS) advocates appointed by the authorising authorities to help protect their rights. Independent advocacy services were made available for people with no appropriate family or other representation to support them with important decisions about their care.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. For example, staff made sure care plans were not left unattended for others to read. Care plans were kept in an office and the door to the office was locked when staff were not present.

People were supported to maintain continuing relationships with their families and friends. Relatives told us they could visit or call the home as often as they wished without any unreasonable restrictions. Staff also supported people to visit their families, where this was agreeable to all concerned.

Care plans included information about people's spiritual or religious beliefs, if any. Staff were aware of people's beliefs and preferences and respected their views and choices. One person had an end of life care plan detailing their preferences. The registered manager said they were planning to discuss people's end of life care choices with the other relatives but they were sensitive to those who were reluctant to discuss this subject. They were also planning bereavement counselling training for staff to help support people in the event of their aging relatives passing on.

Good

Is the service responsive?

Our findings

People's needs and preferences were understood by staff and staff acted on people's choices. One person said "They know what I like and I can have what I like". However, there were some mixed comments from relatives. One person's relative said "If we have any problems we can speak to [registered manager's name] and she is fine. We can always ring her or contact her by email". Another relative said "They tend to contact me by email. We don't hear much, it's more on a need to know basis". A third person's relative told us they were unhappy about the time it had taken to resolve certain matters. With their permission, we raised this with the registered manager who undertook to speak with the relative and update them on progress. The registered manager said the matter was subject to external professional advice and a best interest decision meeting. This was largely outside of their direct control but the registered manager undertook to try to expedite things.

People participated in a range of activities to suit their interests and needs. Activities included going into town, shopping, visits to cafes, visiting a local farm, going to the pub, swimming, and afternoon and evening day centres and activity centres for people with a learning disability. One person had a voluntary work placement helping out at a local café. The registered manager explained how the person had progressed from initially just sorting out cutlery to now taking customers' orders. Within the home people assisted with daily living tasks to promote their independence; including housekeeping, tidying their room and assisting with meals and drinks. People watched TV, listened to music, socialised with staff and fed the chickens in the garden.

People generally preferred to stick to structured daily routines and activity plans for each day of the week. This included going out into the community most days. However, people could refuse, or choose a different activity, if they decided they didn't want to do something. For example, three of the people were looking forward to going out to a club on the evening of our visit but one person made it clear they didn't want to go. The staff were happy to go along with people's decisions.

The home provided good size, modern and well-appointed accommodation throughout. People's rooms were nicely furnished and decorated to suit each person's tastes and choices. For example, one person was a superhero fan and had superhero posters on their wall and a superhero bedspread. People were free to use the communal areas, such as the kitchen/dining room and the living room, or to return to their bedrooms if they wanted time on their own. People's rooms contained personal belongings; such as family photographs, model cars, DVD and CD collections; to make the rooms more personalised and homely.

Each person had a comprehensive care plan (individual support plan) based on their assessed needs. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. For example, one member of staff told us they had regular informal chats with the person they supported and then wrote their wishes and views into their care plan. Each person had a 'circle of support', including relatives, staff and other professionals involved with their care. The 'circle of support' was involved in the person's care planning and reviews.

The service had recently introduced a new system for monitoring people's progress against set personal objectives. The system was called goal attainment scaling (GAS). The goals were agreed with the person following discussions with staff and people's family or other representatives. Progress was monitored against a five point achievement scale; with 1 indicating a person could carry out a task without prompting or support and 5 the person was unable to carry out the task at all. There were GAS skills assessments in people's care plans covering tasks such as; dressing, personal hygiene, housework, cooking, communications, community knowledge and money. The registered manager said it was early days but all the staff were on board and they were very positive about the new system.

Each person had a designated key worker who was primarily responsible for ensuring the person's needs and preferences were identified and acted upon by all staff. Care plans were reviewed on a monthly basis by the keyworker and were updated to reflect any changes in people's needs or preferences. The registered manager also carried out monthly checks to ensure care plans were tailored to each individual's current needs and preferences.

People, staff and most relatives said the registered manager and their deputy were supportive, accessible and approachable. They said they could go to either of the managers and they were confident any issues would be resolved appropriately and quickly.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. The service had received three complaints in the last 12 months. Two related to physical aspects of the new premises and the third was from a neighbour about staff car parking. These complaints had been addressed to the general satisfaction of the complainants.

Good

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager was responsible for managing two of the provider's care homes and spent roughly half of their time in each home. They were supported by a deputy manager in each of the homes. The registered manager said the service ethos was "For each person to achieve the best of their abilities and to be as independent as possible. To be able to express their choices, needs, likes and dislikes and to make decisions for themselves. Also to give staff the skills to support people to develop and move on".

Staff told us the provider's management team were very accessible, approachable and supportive. A member of staff said "Our management are very committed to the service users and we concentrate on what's best for the guys. Our manager and deputy are really good, I'm equally happy to go to either of them. The director is really lovely too and so approachable".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability; from support workers to the managers, director, trustees and Board. Staff said everyone in the service worked really well together as a close, friendly and supportive team.

Staff received comprehensive training based on current best practices to ensure they understood and were able to deliver the service philosophy. There was a thorough induction programme for new staff and continuing training and development for established staff. The service philosophy was further reinforced at monthly staff meetings, shift handovers and one to one staff supervision sessions. The provider's approach was supported by associated policies, procedures and operational practices. A member of staff said "They are a really good employer. The best thing is the quality and quantity of training, its brilliant".

The provider had a quality assurance system to check the service continued to meet people's needs effectively. The management team carried out a programme of weekly, monthly and quarterly quality audits and safety checks. These checks covered all key aspects of the service to ensure high standards were maintained and any identified areas for improvement were actioned. For example, the provider's Director of Social Care carried out a quality assurance visit every four to six weeks. This included meeting with staff and the people who lived in the home and checking documentation, such as care plans, to ensure people's individual needs were being met. We observed the director's most recent service review showed a predominantly satisfactory assessment with a couple of minor shortfalls noted about completion of records.

The managers of each of the provider's residential homes, together with the provider's director of social care, met the provider's trustees on a quarterly basis for a monitoring and review meeting. The registered manager said many of the trustees were doctors or other professionals and were able to provide valuable input and advice for improving the service. The provider's range of quality assurance checks and audits helped to ensure people continued to receive good care in a safe and homely environment.

People, relatives and staff were encouraged to give their views on the service through routine conversations and more structured care plan reviews. The first annual satisfaction survey, since moving to the new location, was due to be circulated in the summer to relatives, staff and external professionals involved with people's care. However, the feedback we received during our inspection from people and staff was overwhelmingly positive. The feedback from relatives was also positive about the service over all, although one relative felt management had not been sufficiently responsive to their requests.

The provider participated in forums for exchanging information and ideas and fostering best practice. This included membership of the Partners in Care Registered Managers Programme and the provider's own specialist autism training forums. They also participated in service related training events and conferences and used relevant online resources for information and advice, including; The National Autistic Society, The British Institute for Learning Disabilities, and the CQC websites. The provider regularly reviewed and updated its policies and procedures in line with current legislation and best practice. Monthly management team and staff meetings were held to discuss and disseminate information and new ideas throughout the organisation.

The service worked in partnership with other agencies. They had good links with local health and social care professionals. More specialist support and advice was sought from the provider's central intensive support team and from other external healthcare specialists when needed. This helped to ensure people's complex mental and physical health needs continued to be met.

The service had good links with the local community and people were supported to engage in the community as far as they were able to. Staff supported people to go out most days of the week. This included a range of social and leisure clubs, as well as swimming, shopping and visits to the local pub. The provider had awarded a local hairdresser their 'thumbs up' symbol for providing a fantastic people with a learning disability friendly service. One person who lived at the home had a voluntary work placement at a local cafe. The registered manager told us a local community farm had helped raise funds to enable people from the home to continue to visit them on a regular basis.