Voyage 1 Limited

The Lawns

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

Overall summary

The inspection took place on 16 and 22 October 2015 and was unannounced. This was the first inspection of the service since the provider changed their legal entity from Voyage Limited to Voyage 1 Limited in June 2014. Voyage 1 Limited is the provider of a number of services throughout the country.

The Lawns provides accommodation with personal care for up to ten people over the age of 18 who have a diagnosis of a learning disability and/or autistic spectrum disorder. The home is a three storey house located in Exmouth, within walking distance of the town and beach. There are bedrooms on all three floors and all bedrooms are en-suite, for single occupancy. The home is staffed 24 hours a day.

At the time of the inspection, eight people had lived at the home for a number of years and one other person was expected to move in during the inspection. People had very complex needs and communication difficulties associated with their learning disability. Because of this,

Summary of findings

we were only able to have very limited conversations with one person about their experiences. We therefore used our observations of care and our discussions with staff to help inform our judgements.

The home had a manager who had been registered in the role with the Care Quality Commission since 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, 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 had a clear vision for the home and the people who lived there. They described how they and the staff were committed to ensuring people had a happy experience living at the Lawns with as few restrictions as possible.

People's needs and risks were assessed and care plans were developed to support them to be as independent as possible. Daily notes reflected the care described in the care plan.

The service provided to people living at The Lawns was delivered by a team of staff, who had been trained to support people with learning disabilities and who had in-depth knowledge of people's needs and aspirations. Staff were supported to undertake training to help them in their role and received regular supervision.

Staff were recruited safely with disclosure barring service (DBS) checks and references taken up before a new member of staff started working at the home. Staff undertook an induction, including training and shadowing experience staff until they were assessed as able and confident enough to work with people on their own.

People were relaxed and happy with staff who were kind. Relatives were very complimentary about the home and the staff who worked there. People were offered a wide choice of activities both in the home and in the community and chose what they wanted to do each day. These activities included swimming, horse riding, trips to places of interest as well as helping staff to prepare meals. Where needed, two staff would support people when they went out on trips. Staff communicated with people using a range of methods including the use of simple sign language and pictures to aid understanding.

Staff were aware of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguard (DoLS) requirements and took them into account when working with people. Applications for DoLS authorisations for each person living at the home had been submitted to the relevant local authority.

Medicines were stored, administered and recorded safely by staff who had received training in medicine administration. Audits of medicines were undertaken internally and also by the dispensing pharmacy who had not found any significant issues.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were involved in how the home was run, including what activities were offered and what meals were prepared. People were supported to have a healthy balanced diet.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

Care plans and risk assessments were up to date. Staff were able to describe the current risks and care that was being delivered.

There were sufficient staff, who had been recruited safely, to support people at the home. Staff were able to describe types of abuse and knew what they should do if they identified any concerns.

People's medicines were stored, administered, recorded and managed safely.

Is the service effective?
The service was effective.

Good

Staff were knowledgeable, skilled and delivered care in a safe and supportive way. People were supported by staff who were able to communicate with them using various forms of non-verbal communication. The staff addressed people's other health needs by working with health and social care professionals.

New staff completed induction training prior to working with people. Staff undertook relevant training, including nationally recognised qualifications, to ensure they had the relevant knowledge and skills to deliver care.

The registered manager and staff understood the requirements of the Mental Capacity Act (2005) and had applied for Deprivation of Liberties Safeguard authorisations where people did not have capacity and their freedom was restricted.

Staff were supported through regular supervision and appraisals to reflect on their work and had opportunities to feedback about how this was going.

Is the service caring?
The service was caring.

Good

Staff showed compassion and respect when working with people. Throughout the inspection, people and staff communicated in a happy and friendly way with each other using a range of verbal and non-verbal communication methods.

People's privacy was respected by staff who worked with them to ensure they were aware of the choices they could make.

People were consulted about their care and their views were taken into consideration.

Families said staff were really kind to their relatives and made sure they knew what was important to them.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received personalised care which met their needs. Staff took into consideration information about how the person had been over the preceding months to help inform decisions about how their future care should be delivered.

People were able to contribute to decisions about their care in a number of different ways. These included house meetings where they could decide on activities and menus.

There were systems in place for people and families to make complaints if they needed to. Relatives said they felt confident that if they had a concern or complaint these would be addressed fully.

Is the service well-led?

Good

The service was well-led by a registered manager who had appropriate qualifications.

Regular checks and audits were carried out to monitor the quality of the service. There was evidence that where improvements were required, these had been actioned.

Staff said they felt supported by the management and were encouraged to work as a team.

There were systems in place to ensure that incidents, accidents and complaints were investigated and acted on.

Senior staff worked with other agencies to ensure that high quality care was delivered.

The Lawns

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 was undertaken by one inspector on 16 and 22 October 2015 and was unannounced.

Before the inspection, we reviewed information we held on our systems. This included the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to the Care Quality Commission in August 2015.

At the time of this inspection there were eight people living at the home. A ninth person moved into the home between the first and second day of inspection. We met seven of the nine people who lived at The Lawns. Most people were unable to tell us about their experiences directly due to communication difficulties but one was able to have limited conversations with us. Therefore we spent time observing how staff interacted with people.

We talked with the registered manager, their deputy, the operations manager, a visiting diploma assessor employed by Voyage 1 Limited and two care staff. We also met one relative.

After the inspection we contacted 12 health and social care professionals who worked with people at The Lawns and received responses from six of them.

We looked at a sample of records relating to the running of the home and to the care of people. This included two people's care records including their risk assessments and care plan and reviewed two people's medicine records. We also reviewed two staff records, one of whom had started working at the home in the last twelve months. We were shown records which related to the running of the home, including staff rotas, supervision and training records, incidents and accident records, complaints and compliments received by the home and quality monitoring audits.

Good

Is the service safe?

Our findings

People's risks and needs had been assessed when they first started living at the home, and these had been updated when a change in the risks to a person's safety and well-being had taken place. The risk assessments reflected the actual risks to the individual person and described how staff should work with them in order to reduce the risk. For example, one person's care record contained a risk assessment about the risk of choking as this person was at risk of harm due to their complex needs. Risk assessments described in detail what the risks were and also how the person should be supported to reduce the risks, for example not drinking right to the bottom of the cup and encouraging the person to eat slowly. We discussed this person with staff and they were able to describe how they supported them at meal-times. We also heard one member of staff discuss with another staff member about the preparation of an evening meal so that the person would be able to eat it.

People's risk assessments supported them to minimise the restrictions on their freedom and choice. For example, there was information about one person who needed help with personal care. The information included details about the person being able to wash their own face and teeth, but needing help to wash the rest of their body.

People were protected from the risk of abuse and avoidable harm as staff had an understanding of safeguarding vulnerable adults. Staff were able to describe the types of abuse and how to keep people safe. Staff had received training in safeguarding vulnerable adults and were able to explain how they would put this into practice to support people, if necessary. A senior manager described how incidents were recorded in an electronic system which alerted the registered manager as well as senior managers about the incident. There was evidence that where safeguarding concerns had been identified, appropriate actions had taken place to address the concerns and reduce the risk of a reoccurrence. These actions included alerting the local authority safeguarding team, the Care Quality Commission and ensuring that family members were also notified.

The majority of people at The Lawns were unable to comment on their care, however we observed people appearing relaxed and comfortable in the home, moving freely between different rooms to undertake activities.

Relatives said they were happy that their family member was safe and looked after well. They described the home as "really good" and "staff really know everyone who lives here well and how to keep them safe."

Staff were recruited safely at The Lawns. The recruitment process was managed through a computerised system which had prescribed steps. These included shortlisting candidates, undertaking an initial telephone screening and then interviewing the person if they were considered suitable. Once the person was offered a position, references and Disclosure Barring Service checks (DBS) were obtained before the person started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was evidence that where there was a concern about a reference this was followed up appropriately to gain assurance that it was accurate. Staff were not offered a start date until all the checks had been completed.

There were sufficient staff on duty to enable people to undertake individual and group activities of their choice. During the two days of inspection, some people, who required a member of staff to support them when in the community, had chosen to go out. Staff rotas showed one person had been accompanied a member of staff whilst other staff supported people both in the home and at other activities in the community. Staff took time to work with people individually in a relaxed and unhurried manner. For example we observed one person being encouraged to take their medicines by staff who allowed the person time to do this. Staff said felt they were able to support people without rushing. There was evidence that where a person's needs had increased, the registered manager had worked with the local authority to ensure additional support for the person was funded. As the number of people living in the home was increasing, the registered manager had made arrangements to increase the staffing levels to support this.

People's medicines were stored, administered and recorded safely. There were systems in place to monitor stocks of medicines and the remaining balance was recorded after medicines were given. Creams and liquid medicines were labelled showing when they were first opened and when they would expire after being opened, to ensure they were used in a safe way. All medicines were stored in a locked cupboard, the key to which was only accessed by senior staff who undertook the medicine

Good

Is the service safe?

administration. We saw staff planning a trip out with one person. They ensured they took the person's medicines out in case they needed to give them to the person in an emergency.

Staff had received medicine administration training which was updated every two years. Staff were able to describe the process they followed when giving medicines to people. The provider information return (PIR) described how staff were assessed on three occasions and annually thereafter to ensure they were competent. We saw evidence that this had happened. There was a process for ensuring that where a medicine administration error occurred, this was investigated and appropriate action including reassessing staff competency was undertaken. The PIR also described how the home had purchased tabards which were to be worn by staff administering medicines to prevent people and other staff distracting them. We observed a member of staff wearing one of these whilst administering medicines.

Most medicines were supplied in regulated dosage blister packages by the pharmacy. The registered manager undertook a weekly audit of these medicines. Some medicines such as those administered on an 'as required' basis were supplied in appropriate blister packs or jars. A senior member of staff undertook weekly medicine administration record audits for these medicines. During our visit there was a delivery of new medicines and collection of those to be returned to the pharmacy. A senior member of staff ensured there was a clear audit trail of all medicines entering and leaving the home. An audit by the dispensing pharmacist earlier in 2015 had not identified any significant issues.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. Staff received an induction when they first started working at the home. This included mandatory training in core areas including safeguarding, health and safety, manual handling, fire safety and infection control. New staff were expected to complete all mandatory training within their six month probationary period. New staff also worked alongside more experienced staff during their induction to ensure they got to know people before they started working with them on their own. Records showed that new staff had completed their induction.

Staff also undertook training courses to support their understanding of working with people, for example training in administering epilepsy medicines, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) awareness. Staff were able to undertake nationally recognised qualifications in relevant subjects, and were supported and assessed by a peripatetic diploma assessor who visited the home each month. One member of staff said they had completed a level 3 qualification and now hoped to do a qualification in team leading. A health professional commented "My impression is that they do understand the MCA legal framework. For example I am aware of some good work they have done advocating on behalf of a resident who lacks capacity and whose immediate family reside a significant distance away."

A health and social care professional said staff had been supported to complete training to provide them with knowledge and skills to support communication with a person who has a learning disability. This included 16 staff who had completed a communications course in the last two years and four staff who had completed a course designed to support the development and usage of communication resources in 2014.

Staff received regular supervision. New staff had supervision on a monthly basis during their probationary period and every other month once they had completed their probationary period successfully. Staff said they felt supported by the registered manager and senior staff and felt able to ask for support and advice when they needed it.

There was a hand-over between staff at the end of each shift to ensure that staff knew what tasks they were expected to do and also knew about any concerns relating to the people living at The Lawns.

Staff communicated with people used a variety of methods including non-verbal techniques. One person's support plan described how they sometimes communicated by pushing away their plate of food. The support plan described how this did not always mean the person was not hungry, but may be an indication that they wanted staff to sit with them whilst they ate as they enjoyed the social interaction. Staff described how they used pictures to show people choices they might wish to make, for example meals they might choose for the coming week.

People's physical and mental health needs were addressed by staff working with health professionals including their GP, dentist, and the local hospital and a chiropodist. There was evidence of staff arranging appointments with other health professionals when they had concerns about a particular aspect of their physical health. There was also evidence of liaison with the local hospital for one person who had an on-going health issue and appropriate follow up appointments being made to ensure the concerns were fully addressed. Care records contained details of appointments and check-ups being arranged for people.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it.

People were free to move around the home and also to spend time on their own in their bedrooms. However people were not free to go in and out of the unit without staff unlocking the door and accompanying them. We also found that people had keypad locks on their bedroom doors. These locks did not prevent anyone leaving their bedroom but did require them to enter a code before entering. We discussed this with the registered manager who explained that the decision to put keypads on all the bedroom doors was because there was an identified risk relating to people entering each other's rooms without permission. Some people also had locks on their

Good

Is the service effective?

bathrooms which prevented them accessing the bathroom without a member of staff present. Where people had restrictions, their capacity to understand had been assessed as part of a best interest assessment.

When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. Applications had been made under the Mental Capacity Act (MCA) 2005 for a Deprivation of Liberty Safeguards (DoLS) authorisation for each of the people living at The Lawns. These had not yet been assessed by the Local Authority DoLS team. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people require some restrictions to be in place to keep them safe, applications to the local authority to deprive them of their liberty in line with the Deprivation Of Liberty Safeguards should be submitted. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Staff had undertaken training in MCA and understood the need to support people taking this into account.

Meals included fresh ingredients and people were involved in making meals and choosing the menu. A choice of foods was offered and people were supported to make a selection at mealtimes. People were encouraged to eat healthily and have drinks throughout the day. Some people were able to help with food preparation, although most food was prepared by staff. We saw people being asked by staff whether they would like to help prepare lunch. People who were at risk of choking had been assessed by the speech and language team (SALT) and where there was a concern about one person's weight there had been a referral to a dietician who had provided advice. Staff were observed ensuring that the advice given was followed, for example chopping up food and not serving certain food stuffs to a person where these had been advised as a risk.

Good

Is the service caring?

Our findings

Throughout the inspection we observed people interacting with staff who were knowledgeable about their preferences. People looked relaxed and happy with staff. Staff helped people to undertake activities they enjoyed. Several people at the home had their own tablet computer and we observed two staff supporting people with these to look at family photos and complete a puzzle.

Staff were able to provide detailed descriptions of what people enjoyed doing and how they ensured they were enabled to do this. People were offered activities which they were interested in, both on an individual basis and as a group. During the first day of inspection, one person was supported to go horse-riding while another went out for a drive and a walk. A relative commented that their family member enjoyed swimming and on occasions the relative was able to accompany them which they really appreciated being involved in. On the second day of inspection, a person was being supported to go swimming.

A relative described the staff as “lovely” and said they really liked that each person was “treated as an individual”. They added staff not only knew the person but also knew their family really well. Staff said one person had suffered a bereavement. There was evidence that staff had supported the person to access bereavement counselling to help them deal with their sorrow. One person who had had a significant birthday in the last year had held a party at a local venue where friends of the person, as well all the people at the home and their families were invited. Staff said another person was planning a party to which their friends and family would be invited. A health professional commented "Indirect feedback from family of a service user indicate that staff treated them with kindness, dignity and respect."

People living at The Lawns had a personal support plan which described things they enjoyed. Each person had a key worker who developed the plan working with the person and their family to ensure it described what the person liked and how they needed to be supported. Support plans were all written in the first person and described the person by using positive headings including ‘what people like about me’; ‘what is important to me’ and ‘how to support me well’. For example one person liked to sit in a particular chair where they could play music of their choice and see outside. Staff had supported them to find a suitable position and arranged for their music equipment to be accessible. Some staff had known the people for a number of years and were good at recognising the signs if they thought something was wrong. We saw a care worker supporting a person who was distressed by gently taking them to a quieter part of the home and helping them in a calm and caring manner until their distress subsided.

People were encouraged to choose how to decorate and furnish their bedrooms. The registered manager said that the person who was coming to the home had visited a few weeks before with a relative. They had enabled them to choose the colour of the room and what furnishing they wanted before moving in. The registered manager said they had also gone shopping with the person to buy a TV so that they got to know the person before they came to stay.

Throughout the living areas there were personalised items, including photo canvases of people living there which gave the home a comfortable and homely feel.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with relatives by phone. Because people did not have very much verbal communication, this often involved staff talking to the relative first and then supporting the person to listen to the relative.

People were treated with respect and dignity and staff were aware of the need to provide privacy. For example, staff described one person who was supported to spend time in their bedroom when they wanted privacy. There were a number of communal areas including a large lounge, a sensory room and a large open space at the front of the building where people could choose to sit. Throughout the inspection we observed people moving freely between these areas as well as the dining room. Another smaller lounge on the first floor was currently not used by people but the registered manager said they were planning to refurbish this room so that it would become another area for people to sit in.

Staff were aware of the needs of different cultures and supported people to explore ways to maintain their religion and cultural diversity. For example one person was supported to avoid particular foods which were not allowed by their religion.

Although most people did not have people did not have very much verbal communication, they were supported to express their views and be involved in decision making

Good

Is the service caring?

about their care. This included making choices about the activities they did, the food they ate as well as everyday living choices such as when to get up or go to bed. One person had been supported to access an independent mental capacity advocate (IMCA) to help address key decisions in their care as family members were not able to do this.

Good

Is the service responsive?

Our findings

People received personalised care which had been planned to meet their individual needs. Care records contained details including the person's history, significant people in their lives and key facts about them. Each person had a person support plan, which described what they liked and disliked and their personal routines. The care records also included detailed risk assessments and how to reduce the risks associated with specific areas of concern. There was evidence that risk assessments and support plans were updated regularly and when people's needs changed. There was an emphasis on helping people to maintain some independence despite their disability. For example a support plan described how the person was able to get their pyjama top off but required assistance with the pyjama bottoms.

There was also evidence that staff proactively thought about the care a person might need in the future. For example, a relative described how staff were already discussing with them, whether the person might need to move to a ground floor bedroom at some future time.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where there were concerns. People's confidentiality was respected and all personal information was kept in a locked room accessible only by staff. Staff recognised the need for confidentiality and did not speak inappropriately in front of others. When they discussed people's care needs with us they did so in a considered, respectful and compassionate way recognising people's strengths and abilities.

People were encouraged to choose what they wanted to do each day either in the home or in the community. Staff said that although there were times when all the people went out together, they were usually supported to undertake activities on their own or in small groups. For example one person enjoyed wheelchair dancing and had attended sessions in Exeter and a number of people enjoyed swimming and were supported to go to a local pool. There was a garden at the home with a swing in it which people were able to use. Staff said some people particularly enjoyed this and being able to use the garden during clement weather.

The registered manager said they worked with other health and social care professionals to ensure that as changes in people's needs occurred, these needs were reassessed and care was then revised to reflect this. For example, one person who had required an operation had been supported by staff as well as family throughout their stay in hospital. There were detailed records showing that staff together with health professionals and family had been involved in meetings to ensure that the person's best interests had been considered.

One health and social care professional said the home was slow to provide emailed information when requested, but also commented that they felt staff had the people's best interests at heart.

The home had a complaints policy and procedure. The staff recognised that most people in the home would not be able to follow a formal complaints process but they described how key workers would work with people to identify concerns they might have. The registered manager said people were able to access an advocate if it was thought they needed support to make a complaint.

Where complaints or concerns were raised by a person or their family, there was evidence that these were investigated and resolved in a timely manner. Families were kept informed and seen as important contributors to people's care and welfare. We saw evidence that there had been one formal complaint and this had been responded to appropriately and in a timely manner. Relatives said they had not had a cause for complaint but felt that if they had any concerns these would be addressed and sorted by the registered manager or other senior staff.

People were encouraged to be involved in decisions about the home. Regular meetings were held with people to discuss issues. Minutes showed people had the opportunity to discuss menus, the décor and furnishings in the home, activities and celebrations.

Good

Is the service well-led?

Our findings

There was a manager in post who had managed the home and been registered with the Care Quality Commission since 2014. The registered manager had experience in working with people with learning disabilities in other organisations. Family members of people living at The Lawns said that they found the registered manager "extremely good and positive." Staff said they found the registered manager and senior staff very approachable and willing to work with them to improve the service. The registered manager had appropriate qualifications for his role and was also undertaking a management and leadership course to support his development.

There were systems were in place to monitor that the skills and competency of staff were kept up to date through training and supervision. The registered manager said that the overall completion rate for training had dropped due to new staff being recruited. Records showed that the new staff were in the process of doing the training, which would improve the overall completion rate figures. Staff received regular supervision sessions and observations of their practice. Staff described the training they received as helpful in enabling them to meet the needs of the people they supported. There was evidence that where training had not been completed, the registered manager had taken action to address this with staff members. This included following it up with the staff member duing supervision. There were also courses booked for staff to attend face to face training courses in late October 2015. These courses included manual handling and supporting people with epilepsy medicines.

There were systems in place to monitor the quality of services, These included regular quarterly audits and reports undertaken by the registered manager and staff against criteria aligned to the five questions we report on; Is the service safe, effective, caring, responsive and well-led? In addition a registered manager from another home visited once a year and provided a 'fresh eyes' report which allowed managers to identify areas for improvement and learn from each other. There was an also annual unannounced visit by a member of the organisation's quality assurance team which looked at whether the home met legal and statutory requirements and meeting the provider's standards.

Where shortfalls were identified, an action plan to address them was drawn up and worked to.

A service risk scorecard provided a monthly overview of areas which were compliant and those where there was work which needed to be done to reduce the risks. The scorecard provided measures for key areas including staff turnover, outstanding training, staff sickness, complaints, hospital admissions and safeguarding.

The operations manager for the area made regular visits to the home to supervise the registered manager and monitor the progress against the action plan.

Other audits included checks of the administration and stocks of medicines, health and safety checks and food hygiene checks.

The provider information return described improvements to the home that were due to take place in the summer of 2015. During our inspection we observed that these improvements had been completed including a kitchen redesign and refit which staff said had "really made a big difference" as people were now able to access the kitchen more easily and safely supported by staff.

There were systems in place to ensure staff were kept informed about the service and could express their opinions, views and ideas. Staff said they felt involved in decisions about the service provided and were able to feedback ideas. Staff were very positive about working at The Lawns and said they felt very supported by the registered manager and senior staff.

There was a log of incidents which was reviewed regularly by the registered manager as well as senior managers, including the operations manager. An analysis of accidents and incidents was undertaken to establish whether there were any patterns or trends, which might help support a reduction in recurrences.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

The registered manager and senior staff worked closely with other agencies. Records showed evidence of meetings that were planned to discuss people's care with other health and social care professionals to determine the best

Good

Is the service well-led?

way forward for each person. One health professional commented "Apart from their contact with me they do make use of the wider community learning disability service as and when required for multidisciplinary input."

We had received statutory notifications from the home in line with the requirements for reporting significant events. This helped us to judge how these events had been managed by the staff, and what had been done to reduce the risk of similar events occurring.