

Mrs Karen Bradley

# Links Lodge

## Inspection report

16 Links Road  
Blackpool  
Lancashire  
FY1 2RU

Tel: 01253354744

Date of inspection visit:  
04 October 2018

Date of publication:  
14 November 2018

### 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

Links Lodge is a detached house situated in a residential area of North Shore, Blackpool. The home is registered to accommodate up to 10 adults, with a learning disability who require assistance with personal care. The home specialises in supporting people with learning disabilities who are living with dementia. Most rooms were single occupancy, with one double room available for those wishing to share facilities. Some rooms had en-suite bathrooms, and communal bathing facilities and toilets were available throughout the home. There were gardens to the front, side and rear of the house.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The inspection visit took place on 04 October 2018 and was unannounced. At the time of the inspection 10 people lived at the home.

At our last inspection we rated the service Outstanding. On this inspection, we found the service had remained Outstanding. We found the evidence continued to support the rating of Outstanding and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

Most people had complex needs and were unable to tell us their experiences at Links Lodge. People able to speak with us and their relatives were very praising of the staff team. They told us they felt exceptionally safe and looked after by staff. We observed interactions between staff and people. These were frequent and friendly. It was clear from these interactions, people who lived at Links Lodge were the central focus of the staff team and were supported to have an excellent quality of life.

The service had built on their previous success and sustained the outstanding model of care and support provided to people living in the home. The registered provider and staff team continued to find ways to improve the service and remained focused and enthusiastic in the way they provided innovative care to the people they supported.

Staff had an excellent appreciation of people's individual needs and continued to be inventive in the ways they provided care and interaction. These included introducing a Danish concept for creating happiness and well-being called Hygge and 'The Night Owl' club. The systems used identified how to deliver an activity in a

meaningful way. This information encouraged positive responses and created 'golden moments' which preserved and promoted continued well-being.

Social and leisure activities were many and varied and met people's individual preferences. People were encouraged to be part of their local community and integrate into community groups in the area.

The exceptionally well managed and flexible staffing levels and skills met people's needs and wishes. Recruitment was thorough and effective in appointing staff with the right qualities to give exceptional care. Staff support and supervision was frequent and training was in-depth, interactive and inventive.

People were actively involved in the decoration of their rooms which were geared around their needs and preferences. The house was clean, well maintained and homely. Many dementia friendly design features, such as sensory lights, projectors and themed wall art were incorporated into the décor. Specialist equipment was in place such as pressure mattresses and hospital beds where needed and all bedrooms were personalised. Since the last inspection the gardens had been remodelled and made more wheelchair and dementia friendly which had increased their use significantly.

People's health needs were pro-actively met and any changes in health managed well. We saw people had access to healthcare professionals and staff referred people to health professionals such as GP's dentist and district nurses as needed. Links Lodge had its own full time occupational therapist. They led on carrying out assessments of physical, communication, interaction and cognitive skills and staff training in these areas. People had routine access to their support around correct posture and positioning, particularly important where people had swallowing difficulties. One person was able to be discharged from hospital quickly as they did not have to wait for assessments for equipment to be carried out and equipment was quickly arranged.

Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and to support their family other residents and each other.

People told us they enjoyed their meals and were encouraged to choose what they wanted to eat and drink. Staff continued to use innovative methods to enable people to have a varied, interesting and nutritious diet and eat and drink well. This included using picture menus and food DVD's, food sounds and smells and showing people different drinks and meals. Staff continued to support people with special low-fat diets, fortified diets and soft diets and used specialist high calorie food shaped moulds so the soft diet kept their shape and remained appetising.

The occupational therapist had designed a custom-made electronic care system personalised to the people they supported. It was easy to navigate and understand and could be easily modified in house as and when needed. Additional information photographs and DVD's could be added to the care records to show staff specific care for individuals. We saw risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and personalised to meet people's needs. Care plans demonstrated in detail how people communicated.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly. There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments had been developed to minimise the potential risk of harm to people.

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

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. Equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training.

People who lived at Links Lodge, their relatives and staff were positive about the management support in the home. They told us the management team were approachable and willing to listen. Staff spoke enthusiastically about Links Lodge being a good to place to work where they had the time and support to work together as a team, to provide excellent person-centred care. The registered provider and staff team were passionate and committed to providing an outstanding service to people. They researched and introduced innovative systems to improve people's quality of life.

There was exceptionally good governance of the service and robust system in place to monitor the quality of the service through audits, resident, relative and staff meetings and surveys. They knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Outstanding 

The service remains outstanding.

### Is the service caring?

Outstanding 

The service remains outstanding.

### Is the service responsive?

Outstanding 

The service remains outstanding.

### Is the service well-led?

Outstanding 

The service remains outstanding.

# Links Lodge

## **Detailed findings**

### **Background to this inspection**

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Links Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection visit took place on 04 October 2018 and was unannounced.

We completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

Prior to our inspection visit we contacted the commissioning department at the local authority, other health professionals who worked with Links Lodge and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 04 October and was unannounced. The inspection team consisted of an adult social care inspector and an inspector observing for part of the inspection.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included three people who lived at the home and a visitor. We spoke with the registered provider and five staff. We looked at the care and medicines records of three people. We reviewed a variety of records, including care plans, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

## Is the service safe?

### Our findings

Most people who lived at Links Lodge had limited verbal communication. However, they indicated they were pleased with the staff and care provided by smiling or laughing when we asked them if they were safe and happy. People who could talk with us, told us they felt safe and looked after. One person said, "It's nice here. I am comfortable."

Procedures continued to be in place to reduce the risk of abuse or unsafe care. We spoke with staff who told us they had received safeguarding training. Records seen confirmed this. They understood their responsibilities to report unsafe care or abusive practices.

We saw medicines systems remained safe. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered provider explained the staff team had pledged its support to STOMP (Stopping over medication for people with a learning disability, autism, or both with psychotropic medicines). Where people had behaviours that challenged they found strategies to manage risks and reduced or removed the need for psychotropic medication. Staff continued to follow The National Institute for Health and Care Excellence (NICE) national guidance on safe management of medicines. The management team checked staff remained competent at medicines management, observed staff administering medicines and carried out frequent audits.

Risks for people were minimised because staff carried out risk assessments to identify possible risks of accidents and harm to people who lived at Links Lodge, their visitors and staff. These provided guidance for staff and reduced potential risks to people. They were regularly reviewed and updated. We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred the registered provider reviewed them with the team for lessons learnt and to reduce the risk of similar incidents.

We looked at three staff files. Staff turnover remained low and most staff had worked in the home for several years. Robust recruitment checks were carried out and interviews thorough so the registered provider was able to recruit the most committed and enthusiastic applicants. New staff had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We saw from staff rotas and talking with people, their families and staff, there continued to be sufficient suitably trained and experienced staff. This helped to support people safely. The registered provider monitored staffing daily in relation to people's needs and activities. Most people needed high levels of staff care and attention to engage in activities and this was provided. We saw staff interacted with people very frequently and quickly attended and supported people throughout the inspection. Staff told us they always had sufficient time to care for people in a person-centred way.

We looked around the home and found it continued to be was clean, tidy and maintained. There were safe infection control procedures and practices and staff had received infection control training. We observed staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of cross



infection, and understood their responsibilities in relation to infection control and hygiene.

## Is the service effective?

### Our findings

We saw evidence the provider was referencing current legislation, standards and guidance to achieve outstanding outcomes. People continued to receive an outstanding level of effective care based on current best practice for people with learning disabilities and living with dementia. Staff knew the people they worked with exceptionally well. They fully involved them in decisions about their care and lifestyle, greatly enriching their wellbeing.

Staff continued to use the 'Pool activity level' (PALS) and 'Living Well With' tools to assess the most effective way to provide the activities of the type and level most beneficial for each person. The systems used identified how to deliver an activity in a meaningful way which supported the person's well-being. This information encouraged positive responses and created 'golden moments' which preserved and promoted continued well-being. The staff described a golden moment as a moment that itself could quickly pass but the feeling of peace and happiness was retained for a much longer period, even in late stages of dementia. This gave the person a feeling of relaxation and well-being and encouraged engagement.

The registered provider had continued to employ an occupational therapist to support people living at Links Lodge and had increased their hours to work full time in the home. They were particularly involved with ensuring people were supported correctly around posture and positioning. This was a priority for safe positioning when eating as people's level of dementia increased. As the occupational therapist was part of the staff team, people who lived at Links Lodge had immediate access to their support and staff to their skills and knowledge. They led on assessments of physical, communication, interaction and cognitive skills and staff training in these areas. One person was able to be discharged from hospital early as Link Lodge's occupational therapist was able to carry out assessments and arrange equipment for discharge promptly.

One person had dysphagia and a long history of difficulties around eating and drinking and was at risk of aspiration when being assisted to eat or drink. Using the skills of the occupational therapist around posture and positioning and intensive training on dysphagia, staff safely assisted the person at mealtimes. This significantly reduced any swallowing difficulties and aspiration problems. The Occupational therapist showed us information about an innovative spoon which remained level regardless of how it was tilted. They were awaiting the arrival of this to assist one person who struggled to keep the spoon level when eating but wanted to feed themselves.

People told us they enjoyed their meals and were encouraged to choose what they wanted to eat and drink. Staff continued to use innovative methods to enable people to have a varied, interesting and nutritious diet and eat and drink well. This included using picture menus and food DVD's, food sounds and smells and showing people different drinks and meals. Staff also used special therapy smells. This assisted people to choose meals and drinks, alerted people to mealtimes and with smells such as fresh bread, cakes and coffee, increased people's appetite. The selection had been greatly enlarged since the last inspection. People were encouraged to have frequent drinks. This was recorded on the electronic care system where a picture showed at a glance whether people had been given enough to drink. Staff continued to support people with special low fat, diets fortified diets and soft diets and used specialist high calorie food shaped

moulds so the soft diet kept their shape and remained appetising.

We looked around the building and found it was homely and peaceful and took into account people's likes and wishes. People were actively involved in the decoration of their rooms, including choosing colours and assisting with decorating. Thought had been given to the needs of people with dementia. Rooms included dementia friendly design features. Furniture was dementia friendly, easy to open and with no sharp edges. The décor, fittings and floor covering contrasted so assisted people navigating around the home. Specialist equipment was in place to assist with skin integrity and moving and handling. Staff, people who lived at Links Lodge and families had recently created a large multi-sensory seaside themed activity wall to engage and interest people. This included motion sensory lights and sound, different textures, fabrics and colours. There was also a multi-sensory area with bubble tubes, sensory lights and large projector as well as iPad's and other equipment.

Since the last inspection the service had completely remodelled the side and rear gardens, to make them larger and more dementia and wheelchair friendly. There was a central artificial grassed area, several quiet seating areas and a basketball area. There was also new garden furniture and plants, maintained with the help of people who lived at Links Lodge. The front garden had also had a major makeover and people had enjoyed more outdoor activities and relaxation throughout the summer.

People's needs had been identified and updated in care plans and staff were pro-active in making sure these were met. People continued to have regular health checks and staff quickly acted on any health issues and monitored these. The staff team used technology to remotely liaise with some health professionals to access services efficiently and reduce hospital admissions. Professionals spoken with said staff had an extensive knowledge of people's needs and an outstanding rapport with each person.

The service continued to promote the use of champions. The various champions which included dementia, and infection control, within the staff team sought out information and actively supported other staff to make sure people experienced the best possible healthcare outcomes.

Staff continued to be highly motivated, inspired and very enthusiastic about training and how this could be used to improve people's well-being. All staff were expected to complete national qualifications in care and to update their skills and knowledge frequently. Role play and experiential learning were used regularly to give staff interactive experiences; such as being lifted in a hoist, being fed by someone else, having a thickened drink or experiencing what it was like to have sensory difficulties. We saw the registered provider had purchased a dysphagia board game which the staff played in team meetings and training. These measures helped to embed this knowledge in a fun and competitive way. A member of staff told us they had a comprehensive induction period when they started at Links Lodge. Adding it was the best they had ever had and included face to face training, observing senior staff and working under supervision. Staff told us they continued to receive regular supervision and appraisal and records confirmed this. They said these were constructive and informative and enabled them to ask questions and discuss ideas.

We checked that the service continued to gain people's consent to care and treatment in line with the Mental Capacity Act (MCA). People able to speak with us said staff checked they agreed for them to provide care and support. Care records seen confirmed this. Where people did not have the capacity to consent, this had been considered for specific decisions and was documented in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the

policies and systems supported this practice. We saw where people were restricted this was done lawfully.

## Is the service caring?

### Our findings

People able to speak with us told us the staff treated them with kindness. One person told us, "They care for me and help me and are patient and kind." A relative said, "The staff here are remarkable. They go over and above what we would expect." We saw the staff team were fully committed to giving people the best possible care in a loving homely environment.

Staff treated people with respect in an understanding and considerate way. We observed that staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. One person said, "They are always lovely and polite. A relative told us "They really do care." A visiting professional commented that they witnessed good practice on every visit and staff centred everything around the people they supported. Another visiting professional said staff were welcoming and always showed professional courtesy.

We saw staff interactions were frequent and friendly. Staff were focused on helping people have 'golden moments' to increase their wellbeing. One person moved to Links Lodge following the breakdown of their previous placement where they had behaviour that challenged. The person had learning disabilities, late stage dementia and other medical conditions. Initially they did not cooperate with support and it took time for the person to trust staff and accept care. Gradually the person became more contented, and began to engage with and communicate with staff. They were then able to create meaningful activities appropriate to their level of activity and dexterity for them. Gradually the person began to smile and laugh and even to sing at times, to have 'golden moments'. Even where they were fleeting in terms of their time span, they provided pleasurable emotions which could last much longer. Behaviour that challenged became infrequent and short-lived and rarely occurred by the time of the inspection.

The management team told us about their most recent initiative Hygge. Hygge is a Danish concept for creating happiness and well-being. They explained Hygge involved forming little cosy areas in the home, the use of natural materials, wood, stone, candles, blankets soft cuddly cushions and clothes and sweet and savoury treats. As the darker nights were drawing in staff felt this helped. People able to speak with us told us it was fun and comfortable. Staff said as Denmark was one of the happiest nations in the world it was worth trying out. They felt people who lived at Links Lodge benefitted from it, including with a reduction of stress and anxiety. The staff team also continued to make good use of the sensory area combining some sensory sessions with hygge.

Staff had a good understanding of protecting and respecting people's human rights. underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff talked with us about the importance of supporting and responding to people's diverse needs. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support around their individual beliefs and preferences. This confirmed the service could accommodate diversity in the workplace and create a positive and inclusive environment.

People told us staff encouraged them to keep in touch with families and friends and made visitors welcome. They helped people keep in touch by visits, telephone calls, emails, newsletters or through social media where relatives lived away or were unable to visit. This helped people keep in contact with people who mattered to them.

People had access to advocacy services and regular contact with an advocate where needed. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People said they were happy with their care and the attention they received from staff. They said staff were quick to respond to help them when they needed them. We observed staff responded promptly to people's needs and requests. We saw people could choose when to get up and go to bed, what to wear, eat and drink and what activities they wanted to do.

At the last inspection the management team had sought out and began using an electronic care planning and monitoring system. Although they found it useful it was a generic manufactured system and did not meet the specific needs of people who lived at Links Lodge. One of the management team built a custom-made electronic care system personalised to the people they supported. This could be easily modified in house as and when needed and any extra information added to meet people's needs. The system clearly showed the care people needed and alerted staff and then the management team if not provided in a specified period. The system included photographs and videos of each person's moving and handling and positioning needs and physiotherapy exercises so all staff were clear on the correct way to support people. The system was easily understood and visual for example, when drinks were given the silhouette of the person filled to the correct level. This enabled staff to check at a glance if someone needed more drinks or where a person could only have limited fluids because of health issues alerted them if they were nearing this limit.

Staff continued to use innovative and individual ways of involving people so they were actively involved in making choices. People able to talk with us confirmed they were fully involved in planning their own care. We could see from people's care records that their care and support was planned in partnership with them. Semi pictorial information was available for people. Also, each person had a DVD showing their care and activities to assist in discussing their care.

There continued to be frequent and varied social and leisure opportunities dependent on people's health, interests and abilities. These were personalised to each individual and included music, sensory sessions, using iPad's, cuddling the pet rabbit, games, arts and crafts, and singing. There were also frequent visits by entertainers and trips out to venues of choice

The staff team used a high technology lighting system where appropriate, to assist people with their sleep patterns, by altering their circadian rhythms (body clock). Research showed good sleep gave people with dementia better outcomes for health and well-being. However, where people's sleep patterns were different, the management team encouraged staff to provide personalised care and activities regardless of the time of day or night. They involved staff in developing a "Night Owl Club" environment where they were a friendly face to talk with, enjoy relaxing activities together, chat and have a drink and snack with people who could not sleep at night.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Almost all of the people who lived at Links

Lodge did not have any verbal or formal communication. However, staff were so familiar with people's gestures, facial expressions and movements that they were able to understand for example, if they were hungry or in pain. Where people were losing their communication skills, staff documented their likes and dislikes and reactions to situations or activities so staff were aware of this.

Staff had supported one person who became seriously ill and was admitted to hospital with a poor prognosis. Links Lodge staff remained with the person 24 hours a day throughout the hospital stay so they had a familiar person with them all the time. As the person started to respond to treatment it was evident that they could be discharged soon. Link's Lodges occupational therapist planned person centred therapeutic intervention and arranged equipment. Once discharged, over several months their health continued to improve and they were clearly enjoying life when we inspected.

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff and families were aware of these. Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and to support their family, other residents and each other. Over the last year the staff team had supported two people with end of life to remain in the home with people and surroundings they knew. Training of key staff in end of life care and a willingness to increase staffing to support them had enabled this to happen.

Professionals who had worked with Links Lodge staff during end of life care, said the staff team were passionate about good care and this shone through. Another professional said it was a privilege to work with Links Lodge staff and that they always went that 'extra mile' for their residents.

There had not been any complaints made but many compliments about the care provided. Any minor issues were dealt with promptly. Where people could understand the complaints procedure, it was available in text and as a DVD.



## Is the service well-led?

### Our findings

We saw people reacted happily and enthusiastically to the registered provider and staff team. People able to speak with us said the care was excellent. One person told us "[Registered provider] is lovely. They all are. I love them." Another person said, "Magic, it's magic." One person who could no longer speak, smiled and looked up when any of the staff team came into their room, which was frequently.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at Links Lodge, their relatives and staff were positive about the management support in the home. They told us the management team were approachable and willing to listen. Staff spoke enthusiastically about Links Lodge being a good to place to work, where they had the time and support to work together as a team, to provide excellent person-centred care. They said they could contribute to the way the home ran through supervisions, daily handovers and staff meetings. These were well established and we saw staff were encouraged to take an active role in the development of the service.

We found the service had clear lines of responsibility and accountability. The registered provider and staff team were experienced, extremely knowledgeable and familiar with the needs of the people they supported. The registered provider had extensive management experience and positive and proactive leadership. She had clear goals and vision and constantly strived for excellence through consultation, research and reflective practice. The staff team attended conferences and courses and researched good practice. This enabled them to provide a well led, high quality, effective and innovative service.

The registered provider continued to motivate staff to learn and to investigate ways to increase people's well-being resulting in the finest possible outcomes. This was evident in the enthusiastic way the staff team described improvements and ideas they were developing. Staff told us enthusiastically about 'hygge' and how people who were non-verbal reacted to this by smiling and relaxing.

The staff team worked in partnership with other organisations at a local and national level. These included healthcare professionals such as, district nurses, dieticians, occupational therapists, speech and language therapists and learning disability teams. This multi-disciplinary approach helped to support people in their care to receive the right support. Comments from other professionals involved in the home were extremely positive and included that the registered provider and staff team were professional, exceptionally caring and proactive, willing to listen to advice and to learn new skills.

There was exceptionally good governance of the service and robust system in place to monitor the quality of the service through audits, resident, relative and staff involvement. Audits were frequent and thorough and included care, medicines, records and the environment. When we inspected Links Lodge the management team had started auditing the service against 'Supporting People with Profound and Multiple Learning Disabilities – Core and Essential Service Standards', a document supported by NHS England and the Royal

College of Occupational Therapists The team hoped the audit would highlight further ideas that they could develop.

The service had on display in the entrance hall their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.