

Independence Homes Limited

# Independence Homes Limited - 44 Brambledown Road

## Inspection report

44 Brambledown Road  
Wallington  
Surrey  
SM6 0TF

Tel: 02086471325  
Website: [www.independencehomes.co.uk](http://www.independencehomes.co.uk)

Date of inspection visit:  
22 May 2018

Date of publication:  
02 July 2018

## 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

Independence Homes Limited – 44 Brambledown Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Independence Homes Limited – 44 Brambledown Road accommodates seven people with a learning disability in one adapted building. 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. At the time of this inspection there were six people using the service.

This inspection took place on 22 May 2018. At our last inspection of the service we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

People were safe living at Independence Homes Limited – 44 Brambledown Road. Staff were supported to safeguard people from the risk of abuse and knew to report any concerns about people to the appropriate persons or authorities. Staff understood the risks posed to people and how these should be minimised to keep them safe from injury or harm. The provider acted to make improvements when things went wrong. At this inspection we saw improvements had been made following an injury incurred by a person that would help to reduce the risk of a similar injury reoccurring.

The majority of risks posed by the premises were appropriately managed but we noted that a fire extinguisher was not immediately to hand in the designated smoking area. We discussed this with the registered manager who said they would take action to address this immediately after our inspection. The provider maintained a servicing programme of the premises and the equipment to ensure areas covered by these checks did not pose unnecessary risks to people. The premises was clean and clear of slip and trip hazards. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food. Medicines were stored safely and securely and people received them as prescribed.

There were enough staff at the time of this inspection to keep people safe. The provider maintained robust recruitment checks to verify staff's suitability to support people. Staff had regular and relevant training to keep their knowledge and skills up to date with best practice. Staff were supported by the provider to meet the values and vision of the service which were focussed on people experiencing good quality care and support. Staff knew people well and understood people's needs, preferences and choices. They were aware of people's preferred communication methods and how people expressed their needs.

People continued to be involved in planning and making decisions so that they received personalised care and support tailored to their individual needs. Staff adhered to current best practice, legislation and

standards in the delivery of people's care to support people to experience good outcomes in relation to their healthcare needs. People's needs were discussed and reviewed with them regularly to ensure the support provided continued to meet these needs and to identify any improvements or changes required.

People were supported to keep healthy and well, to maintain a healthy and well-balanced diet and helped to access healthcare services when needed. The provider's epilepsy alarm system ensured people received timely support from staff when required.

People were encouraged to do as much as they could for themselves to maintain their independence. The design and layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. People were supported to participate in a wide range of activities and events to meet their social and physical needs. Staff were kind, attentive and caring and treated people with dignity and respect. Staff ensured people's privacy was maintained when being supported with their care needs. Staff were warm and welcoming towards people's relatives.

People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were satisfied with the quality of care and support provided. People, relatives and staff were encouraged to give their feedback about how the quality of care and support could be improved. The provider also worked in partnership with others to develop and improve the delivery of care to people.

The service had a registered manager in post who was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service. The registered manager had additional management responsibility for two of the provider's other services which meant their working week was split across three different locations. Staff spoke positively about the support they received from the registered manager. Relatives had differing views and experiences of the support they received. A new acting deputy manager had been appointed at the service which the registered manager said would strengthen current management arrangements at this service.

Senior staff monitored the quality of care and support provided. They undertook surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their concerns appropriately.

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?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Independence Homes Limited - 44 Brambledown Road

## **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 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.

This inspection took place on 22 May 2018 and was unannounced. The inspection was undertaken by two inspectors. Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider 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 improvements they plan to make.

During the inspection we spoke to six people using the service. We also spoke to the registered manager, two deputy managers, two care support workers and two visiting healthcare professionals. Throughout the day we observed interactions between people using the service and staff. We looked at three people's care records and records relating to staff including recruitment, training and supervision. We reviewed medicines management arrangements and other records relating to the management of the service.

After the inspection we spoke to five people's relatives to gather their views of the service about the quality of support their family member received. We also spoke to the registered manager again to request further information based on feedback we received from people about changes at the service.

## Is the service safe?

### Our findings

Feedback from people and relatives indicated they had no major concerns about people's safety at the service. One person said, "I feel safe with staff. I trust them." A relative told us, "I have every confidence that [family member] is being treated appropriately... [they're] kept safe and given the right level of support." Another relative said, "I feel [family member] is quite safe. Everything is safe."

Since our last inspection, the provider continued to provide training and support to staff to safeguard people from abuse or harm. All staff had been trained in safeguarding adults at risk and knew to follow the provider's procedure for reporting safeguarding concerns to the appropriate persons and authorities. Staff also received training in equality and diversity to help them ensure people did not experience discriminatory behaviours and practices when being supported.

From our checks of records, we saw concerns and incidents involving people were well documented and reported promptly by staff to managers, to review and take appropriate action where required. We noted an incident occurred between two people using the service in April 2018. This incident was documented and reported by staff to managers. Following a management review of the information, it was decided not to refer the incident to the local investigating authority as a safeguarding concern. We discussed this with the registered manager who acknowledged this should have been done at the time to enable the investigating authority to decide whether further investigation was needed into this incident. The registered manager took immediate action to refer the incident during this inspection.

Measures were in place to reduce risks posed to people by their specific needs and by the environment. People's care records contained current information on how to manage identified risks to keep people safe from injury or harm. Staff had a good understanding of the risks to each person and how to support them to stay safe. Action had been taken to mitigate the majority of risks in the environment. We noted that a fire extinguisher was not immediately to hand in case of a fire emergency in the designated smoking area used by one person. We discussed this with the registered manager who said they would take action to address this immediately after our inspection. The provider continued to carry out regular maintenance and servicing of the premises and of equipment used to ensure these remained in good order and safe to use. We observed the environment was clear of slip and trip hazards and people could move freely around without restrictions.

There were enough staff at the time of this inspection to support people safely. Rotas had been planned to take account of the level of care and support people required each day to ensure there were sufficient numbers of staff to meet their needs. Staff told us if additional staffing support was required due to extra activities and events they could request this and this would be provided. Staff on duty had been trained in fire safety and first aid to help them to respond to emergencies. Staffing numbers were adjusted as the level of need and dependency changed at the service. After our inspection we were made aware through conversations with relatives, that a new person had moved into the service at short notice. We contacted the registered manager who told us extra staff had been brought in to ensure there was sufficient support for all the people at the service. They confirmed this would be a permanent increase to the staffing complement.

The provider continued to carry out robust recruitment checks on the suitability and fitness of any new staff employed to support people. They checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook appropriate criminal records checks.

People were supported to take the medicines prescribed to them and our checks of stocks and balances of medicines and people's individual medicines administration record (MAR) evidenced this. Protocols were in place instructing staff when to give people their 'as required' medicines (PRNs). People's medicines were stored safely and securely. Staff had received training to administer and manage medicines. Senior staff used weekly and monthly audits to check staff followed the service's procedures for administering and managing medicines safely.

Systems were in place to reduce risks to people from poor hygiene and cleanliness. Staff had received training in infection control and basic food hygiene. They used cleaning materials and equipment appropriately to reduce the risk of spreading and contaminating people with infectious diseases. We observed the premises was clean and tidy. Communal toilets and bathrooms were equipped with soap and hand towels to promote good practice in hand hygiene. Staff followed appropriate procedures when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

The provider acted to make improvements when things went wrong at the service. We were notified by the provider in December 2017 that a person suffered an injury when their finger became trapped in a closing door. The provider said they would put appropriate measures in place to reduce the risk of this incident happening again. At this inspection we could see improvements had been made and the door in question was now fitted with a slower closing mechanism which would help to reduce the risk of a similar injury reoccurring.

## Is the service effective?

### Our findings

Staff were well supported by the provider to access the resources they needed to ensure people's care and support was planned and delivered in line with current best practice, legislation and standards. Staff worked collaboratively with the provider's in-house team of epilepsy nurse specialists, therapists and homeopath and used their expertise and knowledge to plan how people's needs should be met in relation to their specific healthcare conditions. These staff kept their skills and knowledge up to date with best practice in their respective fields and had access to the latest information and guidance with regard epilepsy care and management through partnership working with external epilepsy care services. Staff at the service met with their in-house colleagues monthly to evaluate the support provided to people and whether this was achieving required outcomes. This enabled staff to identify and make timely changes to the support people required to have their needs met effectively. Staff also had access to resources to help them support people make decisions about their care and support which took account of their diverse needs to reduce risks to them from discrimination. For example, the 'Well Being Manager' provided information, advice and support to people who needed this regarding relationships, sexuality and sexual health which was focussed on promoting people's rights and their personal health and safety.

Relatives said staff had the skills required to meet the needs of their family members. A visiting healthcare professional told us, "Staff know what they are doing, they have a great understanding of the people here." A staff member said, "There is a good bunch of staff here, we know the people living here and we make sure they are safe and happy. Staff have worked here for a long time. The newest member of staff has been here for seven to eight months now". New staff had to successfully complete a comprehensive induction programme before being allowed to support people unsupervised. People had an opportunity to contribute to this programme to help new staff gain insight and perspective about how to support people using the service. One person told us, "I go to head office for staff's induction. I talk to new staff...I talk to staff about what it is like to live here." The deputy manager told us, "It is invaluable as I want new staff to know what life is like for people living at the home and also what the job is really like. If you are not cut out for it, I don't want you working with us." Staff continued to receive regular and relevant training to help them to meet people's needs and keep their knowledge and skills up to date with current best practice. Staff had supervision meetings and an annual performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

People were supported by staff to have their nutritional needs met. We saw people ate their meals at times of their choosing. People's meals were individualised to their specific needs and preferences. Some people had highly specialised diets due to their healthcare conditions. Staff demonstrated good understanding and awareness of this and prepared and provided meals in line with specialist guidance and requirements. Staff supported people to choose healthier options to maintain a healthy and well-balanced diet. We saw a good example of this for two people who had both expressed a desire to lose weight and staff were supporting them to do this through planning and preparation of healthier meals. Staff monitored how much people ate or drank and if they had any concerns about this they could access the provider's in-house nutritionist for advice about any additional support people might need with their nutritional and hydration needs.



Staff liaised with external health professionals to ensure people experienced effective care and support. For example, staff had developed good working relationships with external epilepsy care services involved in people's care and treatment. Staff followed their guidance and recommended treatment plans to help people manage their condition more effectively. Nurses from the specialist services continued to attend locally run clinics hosted by the provider. This helped to reduce the burden and anxiety on people of having to travel long distances for these specialist appointments.

People were supported by staff to keep healthy and well. People's records set out how staff should support them to manage their health and medical conditions and to access the services they needed to support them with these such as the GP, dentist or healthcare specialists involved in their care and treatment. Staff referred any concerns they had about a person's health or wellbeing promptly to the relevant healthcare professionals. We saw a good example of this for one person where staff had noted subtle changes in their skin integrity that could indicate a more serious underlying condition and immediately sought the GP's advice about this. People were supported by staff to attend their healthcare and medical appointments and outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people required. Relatives told us staff kept them up to date with any changes in their family member's health and wellbeing and fed back the outcome of healthcare appointments.

People's individual preferences reflected how their bedrooms were decorated and we saw these were highly personalised. In addition to their own room people could spend time in the communal lounge, dining room, kitchen and the large garden, with no restrictions. The dining room was large and spacious and used for social events and special occasions. During this inspection we saw the dining room was decorated using artwork created by people to mark the recent Royal Wedding and people told us they had had an enjoyable party to celebrate this. As it was a warm day, some people were using the garden, relaxing and enjoying the sunshine whilst chatting with staff. Relatives were positive about the physical environment but one told us that the communal lounge did not feel big enough to accommodate all the people using the service and the seating was uncomfortable. We discussed this with the registered manager after the inspection who said the communal lounge could not be physically adapted to make this bigger but available space had been used more creatively and better use was being made of the large dining room to give people more options and space when needed. They also told us new sofas had been purchased for the lounge within the last two months.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff ensured people's relatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. Applications made to deprive people of their liberty continued to be properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

## Is the service caring?

### Our findings

People told us they enjoyed living at Independence Homes Limited – 44 Brambledown Road and described the service as their 'home'. One person said about staff, "They are very kind." Another told us, "They are very good here." Relatives said the service had a 'family' atmosphere and told us their family members were comfortable and happy. One relative said, "I feel [family member] is happy at Brambledown and goes back there with no problems. [Family member] feels comfortable as they know everyone and everyone knows them and I think they all care about [family member]." Another relative told us, "I think [family member] is happy there. If [family member] is happy then I'm happy!" Relatives told us they were made to feel welcome by staff when they visited the service.

We observed warm and kind interactions between people and staff. Staff were chatty and friendly and people were happy and relaxed in their presence. When a staff member came on duty during the afternoon, people were happy and excited to see them and greeted them warmly. People did not hesitate to communicate their need for staff's support when they wanted this. Staff clearly knew people well and understood their needs as they could anticipate what people required. We saw a good example of this for one person who loved a particular colour. Their room was decorated to incorporate this colour and some of their clothes featured this too. A staff member told us when they had been out shopping they saw some bags in the person's favourite colour which they thought the person might like. They said when they told the person about this the person asked the staff to accompany them to the shop and purchased one of the bags. The staff member said, "[Person] loves that bag!"

There was good information for staff on people's care records about how people wished to communicate and express themselves which helped staff understand what people wanted in terms of their care and support. We saw people were not rushed and given the time they needed to make choices or to move around the premises. Staff knew how to support people if they become anxious or distressed so that this was done in a caring and considerate way.

People were provided with important information to help them make decisions about how their support was provided. One person had a highly specialised diet due to a medical condition and they were being supported by the in-house nutritionist to help them understand the impact of their condition and how they could mitigate the risk of aggravating this through making positive choices and decisions about the foods they ate. During our inspection the person and the nutritionist went to the supermarket to discuss the different foods they could eat to support them with their diet. The nutritionist told us, "I visit [person] twice a month. I take them out. We go to cafes and to the supermarket. We go to the supermarket to buy healthy foods. We discuss what is good for them."

Staff maintained people's right to privacy and to be treated with dignity. A relative told us staff were observant and quick to attend to their family member's personal care needs to maintain their dignity. A staff member told us, "There is always a female on duty to oversee any support required such as personal hygiene and dressing." People's care records prompted staff to provide support in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered

choice, were not rushed and given the time they needed to do things at their own pace. Personal care was provided in the privacy of people's rooms or in the bathroom. When people wanted privacy, staff respected this so that people could spend time alone if they wished.

People were supported by staff to be as independent as they could be. For example, some people could carry out some elements of their personal care themselves and they were encouraged by staff to do this to maintain these skills. Staff supported people to clean and tidy their rooms and to participate in the preparation of meals and drinks. We saw some people make their drinks and one person prepared their own lunch. Staff only took over when people could not manage tasks safely and without their support.

## Is the service responsive?

### Our findings

Since our last inspection people continued to receive personalised care. People and their relatives remained involved in planning the support people required to meet their needs. Their views were taken on board when planning support so that staff took full account of their preferences and choices, their social and cultural needs and their values and beliefs. We saw a good example of this for one person who attended church on Sundays and wished to wear clothes reflecting their cultural heritage when they went. Staff had also been trained to wash and care for the person's hair using specialist products to ensure this was properly maintained at all times. For another person we saw an eating and drinking plan had been developed for them which set out how their meals should be presented in a specific way for them to eat these. We observed staff supporting the person whilst they were eating their lunch and they discreetly rearranged the person's plate at times so that the person could continue eating without disruptions.

People's care records were current and contained detailed information about the support people needed with their personal care needs, dietary needs, their physical and psychological health, the support required to manage personal finances and with their social needs. Support plans instructed staff on how people's needs should be met whilst maintaining their safety from identified risks. Each person had a designated 'key worker' who was responsible for ensuring their care and support needs were met. People had monthly meetings with their key worker where they discussed their progress in meeting their care goals, reviewed the success of activities and outings they had attended and explored new activities they may wish to try. Staff kept detailed records of these meetings to monitor how people were progressing in terms of their care and support needs. When changes to people's needs were identified, their records were updated promptly so that staff had the latest information about how to support people appropriately

People continued to take part in a wide range of activities to meet their social and physical needs. People had access to a wide range of activities delivered through the provider's in-house 'FOCUS' programme such as sport and fitness classes, arts and crafts sessions and social gatherings and events. As many of these activities were delivered across the provider's services this gave people opportunities to develop and maintain friendships and relationships with others. People also undertook activities based on their own personal interests such as going to the gym, going to the shops, attending a local weekly cycling club and visiting car shows. An art therapist visited one person each week at the service and the person's artwork from these sessions was displayed around the premises. Staff at the service arranged regular outings such as day trips and holidays abroad for people take part in. People also had access to a range of courses and programmes delivered by the provider aimed at helping people learn the skills needed for work, volunteering skills and promoting personal independence but no one at the service was accessing these at the time of this inspection.

Since our last inspection the provider had improved their epilepsy alarm system in response to people's changing needs so that people would receive more timely support when required. The current system enabled staff to detect seizures more quickly, warn staff a person had fallen out of bed and was used by people to call for help when needed. Information recorded by the system provided useful data about people's seizures which could then be used by staff to evaluate and inform reviews of people's care and

support needs.

Relatives were satisfied with the support their family members received. One relative said, "We've had a very good experience of the service. They have continued to do well. [Family member] is well cared for and supported and we've been involved in everything along the way." Another relative told us, "The staff are excellent at the moment." And another relative said, "I'm happy with the service and [family member] is happy there...supported by good staff." Relatives told us they felt comfortable making a complaint if they needed to and were confident this would be dealt with properly by senior staff. The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in an accessible format for people to raise their concerns.

## Is the service well-led?

### Our findings

The provider had clear values and vision for the service which were focussed on people experiencing good quality care and support. Staff had work objectives which reflected these values and vision. Senior staff used supervision meetings to check staff were achieving these objectives and making positive contributions to the overall quality of people's lives. The provider operated an employee recognition scheme which rewarded staff for delivering good quality care and support to people. Staff from this service had received rewards and recognition from the provider for their work and one staff member was the current recipient of the 'employee of the year' award across all the provider's services. Staff were motivated to provide good quality care and support to people. A staff member told us, "We all come from the same place. We want to make sure that people are happy." A relative said, "The staff team have improved and much more people focussed." And a visiting healthcare professional told us, "Everyone is contributing to the home. It is a shared space where everyone is equal."

Since our last inspection the provider had appointed a new registered manager for the service. 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 understood their registration responsibilities and submitted statutory notifications when required about key events that occurred at the service. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

At the time of this inspection the registered manager had additional management responsibility for two of the provider's other services which meant their time during their working week was split across three different locations. They were supported with day to day management functions by deputy managers. Relatives had differing views and experiences of the support they received from the registered manager. One relative said, "Got no problems with the management there and have no problems raising any issues." Another relative told us, "I don't have much to do with the [registered] manager. I just speak to the staff if I need to." Another relative said, "They could improve at management level. I'm aware it's quite thinly spread and I imagine it's difficult to maintain." Staff spoke positively about the registered manager and one said, "I feel very supported by the manager...if I have any issues I can discuss it with them."

At this inspection we met with the newly appointed acting deputy manager. The registered manager told us this appointment would help strengthen management arrangements at this service. The acting deputy manager had been recruited from within the existing staff team so was well known to people, relatives and healthcare professionals that worked with the service. Their appointment was popular with relatives. One relative said, "[Acting deputy manager] is very positive. I hope he's given the opportunity to take ideas forward. Seems passionate. Very service user focussed." Another relative told us about the appointment, "I'm very happy about this." And another relative said, "[Acting deputy manager] is always going above and beyond...he phones me and keeps me updated."

People, relatives and staff were encouraged to get involved and give feedback about how the service could

improve. People's views were sought through monthly key worker meetings, house meetings and bi-monthly 'service user boards' where they could ask senior managers from the provider's organisation questions or make suggestions for any improvements that needed to be made. Relatives were asked for their views about the quality of care and support provided through surveys. Staff's views about the service were sought through individual supervision and staff team meetings. The provider also undertook an annual employee survey and used this to identify where improvements were needed to increase staff morale and productivity.

The provider continued to monitor, assess and improve the safety and quality of the service. Senior staff at the service and from within the provider's organisation undertook regular checks of key aspects of the service. Checks covered areas such as medicines management arrangements, the quality of people's care records and support plans, the management of people's finances, checks of records relating to staff and environmental health and safety checks. Observations of the quality of care provided to people were also undertaken along with unannounced management visits of the service at nights and weekends. When these checks highlighted aspects of the service that fell below required standards senior staff responded appropriately to make the required improvements. Records relating to people, staff and to the management of the service were accurate, up to date and well maintained.

The provider worked in partnership with other agencies and professionals to develop and improve the delivery of care to people. The provider had a well-established working relationship with the specialist epilepsy unit at Kings College Hospital in London. Staff worked in partnership with the unit to share and learn from the latest advances and learning with regard to best practice in epilepsy care which could have potentially life changing effects on people living with this condition.