

Leonard Cheshire Disability

Bells Piece - Care Home Learning Disabilities

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bells Piece is a care home providing accommodation, personal care and support for up to 13 adults who have a learning disability, physical disability or mental health conditions. At the time of our unannounced inspection on 21 May 2018, there were 13 people living in the home. 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.

There was no registered manager in place. 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. A new manager had started at the service in March 2018 and had submitted their application to register with the Commission. The new manager (hereon in known as the manager) assisted us with our inspection.

At the last inspection on 4 December 2015, the service was rated Good. At this inspection we found the service remained Good in Safe, Effective, Caring and Well-Led. The service had progressed to 'Outstanding' in Responsive.

People's care and support was planned proactively in partnership with them. Staff used individual ways of involving people and people took a key role in the local community and had opportunity to access education and work. People were supported in a way that promoted an enhanced sense of well-being. They had facilities and support available to them to help them live as fulfilling a life as possible.

People had opportunities to take part in activities that reflected their interests and preferences. This included activities on site, such as gardening and growing their own foods, going to the on-site art studio and contributing towards the running of the shop. People told us how much they enjoyed living at Bells Piece, spending time with their friends and being given opportunities to learn and to work.

People were supported by sufficient numbers of appropriately skilled staff to meet their needs and keep them safe. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again. People's care would not be interrupted in the event of an emergency and people were made aware of fire procedures.

People lived in a home which was clean and hygienic and both people who self-medicated and those who did not received their medicines safely and as prescribed.

People's needs had been assessed before they moved into the home to ensure staff could provide the support they required. Staff had the training and support they needed to carry out their roles effectively. All staff attended an induction when they started work and had access to ongoing training.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People could make choices about the food they ate and were supported to maintain a healthy diet. People were supported to maintain good health and to obtain treatment when they needed it. Each person had a health action plan which detailed their health needs and the support they needed. Staff worked with external organisations and professionals to help provide the most effective care to people.

The home provided bright and spacious accommodation with access to large grounds and outside space. People had been encouraged to choose the décor and were able to personalise their bedrooms.

Staff were kind, caring and compassionate. People had positive relationships with the staff who supported them and there was a homely, caring atmosphere in the home. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

There were appropriate procedures for managing complaints. Where complaints had been received by the service these had been responded to appropriately.

People, relatives and staff benefited from good leadership provided by the manager. Relatives said management was open and transparent and it was clear from our discussions that they had a drive to continuously improve the service people received. Staff said there was a strong team ethos and staff said they received good support from their colleagues. Staff had established effective links with health and social care professionals to ensure people received the care they needed.

People who lived at the home, their relatives and other stakeholders had opportunities to give their views. The provider's quality monitoring systems were effective in ensuring people received good quality care and support. Important areas of the service were audited regularly and action plans were developed when areas for improvement were identified.

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?

Outstanding ☆

The service provided an outstanding responsive care approach.

People could play an active role in the local community and there were strong links with external organisations.

People could access individualised, meaningful activities and had the opportunity to learn and develop.

People's individuality and social needs were recognised and supported by staff.

There was a good complaints procedure in place.

No one was currently receiving end of life care at the service.

Is the service well-led?

Good ●

The service remains Good.

Bells Piece - Care Home Learning Disabilities

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.

The inspection took place on 21 May 2018 and was unannounced. This was a comprehensive inspection carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a 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. We reviewed the PIR prior to our inspection.

During the inspection we spoke with or met six people who lived at the home, spoke with three members of staff, including the manager and provider's area manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at four people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

After the inspection we spoke to or received feedback from four relatives and we received feedback from one social care professional by email.

Is the service safe?

Our findings

People told us they felt safe at the home and when staff provided their support. One person told us, "Yes, I feel safe. We have to do fire tests to make sure we are safe." Another said, "When I get upset staff have helped me." Relatives also felt their family member was safe. One relative said, "They (staff) keep an eye on him. They're just there." Another relative told us, "She has always got someone with her. They are respectful of her safety."

People were helped to stay safe from risk. Risk assessments had been carried out to keep people safe while supporting them in areas including activities, eating and drinking and risks associated with smoking for one person. A staff member said, "We have to do risk assessments. We weigh up if we can do it (the activity) or not. If it's in the person's best interest or if they could be harmed. We have to support and advise them to see if they have capacity to understand the risks." On the day of our inspection it was hot and we saw staff encourage one person to put on their sunscreen before they went out for a walk. During the afternoon there was a knitting class in the afternoon which took place in the garden. People wore hats and sat in the shade. A relative told us, "[Name] is living in a sheltered environment staffed 24 hours a day and he is accompanied by a staff member on his visits to the sports centre in town or any other places outside Bells Piece." They added, "[Name] had a mild choking incident on one occasion and staff followed this up by arranging for a risk assessment to be carried out by the Speech and Language therapist."

Staff understood their roles in keeping people safe. A staff member told us, "Types of abuse include physical, emotional, sexual and financial. The signs could be bruises, being withdrawn, or having low self-esteem." They added, "I would have to report any suspicion to the team leader of the manager and they would report to safeguarding." We saw noticeboards around the home had safeguarding information on them for people, staff and visitors. A relative told us, "They (staff) dealt with a recent (safeguarding) incident very professional. They handled it very well and informed all the necessary authorities."

People told us they felt there were enough staff available to support them. One person said, "I think there is enough (staff)." We confirmed this with our observations on the day. The rota was planned using an active support approach. This meant staffing levels were adjusted on a daily basis depending on what people were doing, what support they needed and when.

Where people could they were enabled to manage their own medicines. One person told us, "I do them myself and I keep them in my room." People received the medicines they needed. One person said, "I get headaches. Staff give me medicines for this if I ask." We reviewed the medicines processes for medicines stored in people's rooms as well as those stored centrally for people who required support in this area. Medicines were stored correctly and securely and medicines administration records showed that people had received their medicines when they required them. We did notice that some topical creams (medicines in cream format) records were not always completed. We raised this with the manager who demonstrated they had identified this in an audit and as such were addressing it.

There was a proactive approach to accidents and incidents and staff learnt from them. A staff member told

us, "We fill in forms so if we see it is the same person over and over again we have to review the persons support and maybe talk to the families. Someone moved out last year because this wasn't the right place for them." Another staff member said, "The manager will feedback to us what needs to change (following an incident)." We had picked up on some minor errors in people's MAR charts and reported them to the manager on the day. Following our inspection the manager sent us a copy of their investigation report into these errors and actions they were taking to help ensure they did not reoccur.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Each person had their own personal evacuation plan. This recorded the needs the person had and what support they may require to safely evacuate. We noted in the case of one person who had a hearing impairment that they had a pillow that vibrated in the event of the fire alarm being activated as they did not wear their hearing aids in bed.

People were protected from the risk of infection as staff maintained appropriate standards of hygiene. A staff member told us, "We have a cleaning job list for staff and service users. We do it together. We have soap in the kitchen and bathrooms for washing our hands." We found the home to be clean and hygienic with no malodours. People assisted with keeping the home clean and we noted a pictorial sign in the kitchen outlining which coloured mop should be used for which area.

Is the service effective?

Our findings

People's needs had been assessed before they moved into the home. A staff member told us, "Before they come in we look at staffing levels and their funding and see if the home is accessible for them." Pre-admission assessments were used as a basis for a person's support plan. One person had moved in from another service and through regular reviews and speaking with people important to them staff had enabled a smooth transition into Bells Piece. The home provided bright and spacious communal and private rooms as well as a large well-maintained garden for people to use. There was signage and information in easy-read format for people.

Staff had access to the training and support they needed to carry out their roles. We asked one person if they felt staff knew what they were doing and they said, "Yes." Records confirmed staff training as well as the opportunity for staff to meet with their line manager to discuss all aspects of their work. A staff member told us, "I have just done my moving and handling and safeguarding training." One person had been recently diagnosed as living with dementia and as such staff were receiving dementia training to support this person in the most appropriate way. A staff member said, "The training is relevant to what I am doing."

People were being supported to make decisions in line with the Mental Capacity Act 2005 (MCA). One person told us, "Yes, they ask me before they do things." 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments had been carried out where necessary and staff presented information to people in ways they best understood, which helped their decision-making. Where people lacked the capacity to make a particular decision, staff had consulted all relevant people, such as relatives and healthcare professionals, to ensure the decision was made in the person's best interests. One person had a DoLS in place due to their one to one support and not being able to go out unaccompanied and another due to certain cupboards in their room being locked. We noted people had signed their consent to their care where they were able to do so. A staff member told us, "Everyone has capacity until proven otherwise." Another said, "We follow the correct steps, speaking with the relevant persons and looking at the least restrictive."

People told us they enjoyed the food and could make choices about what they ate. One person told us, "The food is really good. I make some things for myself, likes pizza. We go to the shops with a shopping list." A relative said, "She eats well, she is much better now." Where people required specialist input this was arranged for them. Such as one person who was at risk of choking. A staff member told us, "[Name] can choke so she is not able to have food in her room and she has one to one support for breakfast, lunch and dinner."

People were supported to stay healthy and to obtain treatment when needed. One person told us, "Yes, I do get to see the doctor. I see the dentist and get my ears tested as well." People had input from healthcare professionals including the GP, chiropodist, optician and podiatrist. One person's goal was to maintain a healthy weight and staff had supported them to develop a food diary and fill it in daily. A relative told us, "Staff were concerned that his breathing was rather noisy and made an appointment with his GP."

Is the service caring?

Our findings

People were happy with living at Bells Piece. One person told us, "I am happy here and I enjoy the time I spend here. I like it all. Staff are really nice, they are friendly." Another said, "I like it here. The staff help me." A third said, "The staff are kind and caring and always nice to me."

Relatives reiterated what people had told us. One relative said, "The staff are kind and caring." Another told us, "The care is very, very good. It's the best home she's been in."

Staff were equally happy with working in the service. A staff member told us, "I like working here, it's very rewarding. It's all about helping others to achieve what they want to achieve." Another said, "We really care about the guys and know them well. It's not just a job."

There was a warm, caring atmosphere in the home. People clearly had good relationships with staff and they appeared relaxed in their company. Staff knew people well and were able to describe to us people's individual characteristics. A staff member told us, "I get to know people by reading the person-centred plan and talking to them and sitting with them." Another staff member showed a good level of knowledge about the three people they supported, talking to us about their families, where they lived and what they did. A relative told us, "As far as I am concerned it's (Bells Piece) wonderful." Another relative had written in their survey response, "I have never for one moment doubted that [name] is in absolutely the best place for him – and the whole family agree!"

People were encouraged to make decisions about their care, express their views and maintain relationships close to them. A staff member used sign Makaton (a form of sign language) to tell one person, "Sorry [name] it's time for us to go to the hospital." We saw the person sign back that they did not want to as they were doing art. The staff member took time to explain to them that they could carry on with the art when they were back from their hospital appointment. However, the staff member respected the person's wishes and they agreed on a compromise in that the person could take part of their activity with them to the hospital. Another person was going out with a carer and we heard the staff member check with the person that they were happy with the plan. We saw the person indicate their agreement demonstrating they were making their own decision to go.

People's privacy, dignity and independence were respected. One person told us, "Staff ask me to do things for myself." Another person said, "I like to be independent and I go out to lots of things. I wash up and dry up." A staff member told us, "They (people) all have support with meals, preparing or eating. We have to help them to be as independent as possible." Everyone was appropriately dressed for the activities they were doing and their age range. For example, an elderly gentleman had on a shirt and jacket with a tie, whilst younger people wore jeans and t-shirts. Two people wore jewellery which they showed us. One person told us, "I made them." People were seen making hot drinks for themselves and other people as well as making their own lunch. We saw a staff member straighten out someone's t-shirt when they saw it had rucked up around their waist. A relative told us, "They (staff) know that it is important for her to have time on her own."

People had been encouraged to choose the décor and furnishings for their bedrooms and were able to personalise their rooms as they wished. They had also been enabled to visit a furniture shop for a private viewing of furniture for the communal lounge area. A relative told us, "She has a new room which had been painted and decorated and that staff are now much more able to help to keep it clean with her." Another relative said, "Bells Piece is a homely place without an institutionalised look about it. He is very happy as he has a lovely room overlooking the garden."

People had access to information in a way that would help them to understand. In people's support plans and around the home there was information in pictorial format. There were pictorial signs on kitchen cupboard doors and fire instructions around the service were in pictorial format.

Is the service responsive?

Our findings

People were supported to live as full a life as possible and staff opened up opportunities for people to work if they wished. One person told us, "I am learning new skills. Staff go shopping with me so I can learn skills about money. I've done my first aid course and a health and safety course. I passed both. I know about infection control. I have to wash my hands when I'm in the kitchen and we can't wear jewellery." A second person told us, "I will be working in a care home to help the old people." A third person had a work placement at a sister service in the domestic department without support from staff. A relative said, "[Name] is delighted by his work – thoughtfully arranged to coincide with his great love – washing!

Staff used innovative and individual ways of involving people. One person did not communicate verbally and staff had suggested and tried various creative ways of supporting them to feel independent in their communication. Through a fundraising event staff had raised money to purchase them an electronic 'proxtalker' which uses signs and symbols to help them communicate. The 'talker' was being developed at present with personalised information. Their relative had written in their survey feedback, "I am grateful to the staff who have been proactive and initiated methods to improve [name's] understanding and communication." Another person's kitchenette had been refurbished and melamine cutlery purchased as they had previously put metal cutlery in the microwave. With staff input at meal times they were now cooking more for themselves, but in a safe way. A third person had been reluctant to accept personal care and staff had worked with an occupational therapist to redesign their shower room and purchase a special chair. They could now shower independently.

People were involved in user-led appraisals of staff as well as in staff interviews in order they could help ensure they had staff with exceptional skills and the right type of approach. People had developed a set of question where they commented on various elements of staff behaviour, such as whether they smiled, listened to them or helped them. Their comments were used at staff appraisals. One person told us, "I get to interview people. I am involved in the self-advocacy group."

People took a key role in their local community. The service had a horticultural service, shop, catering facility and craft studio on site. People made a willow and dried flower Christmas tree for a silent bid auction at the local church. External and local communities were involved in activities and workshops within the service and people had the opportunity to work at the on-site shop selling home-made wares. The shop also sold produce from the horticulture element of the service, such as fruit, vegetables and plants. Bells Piece has been chosen to decorate an otter. The otter was to be displayed in the Wey Otter Trail, part of Farnham Town Council's Walking Festival during the months of May and June. People from the service assisted in the marshalling of the Farnham half and full marathons. One person told us, "We are doing fundraising." A relative told us, "Because the service has horticulture and a shop on site [Name] benefits by seeing a lot of activity there. He always takes a great interest in what is going on. He will tell me when the Christmas trees are arriving for sale, when the eggs are in the shop and when the marquee goes up for events. There is always something happening."

People were supported in a way that promoted an enhanced sense of well-being. One person had guidance

to follow from a healthcare professional, to improve their fitness and lose weight. We saw the person leaving to walk into town with staff to help ensure they reached their number of steps that day. A second person had previously been storing food in their room inappropriately putting themselves at risk of becoming unwell due to food not being stored at the appropriate temperature. Staff had suggested to them they purchase a couple of small fridges for their room which they did. This meant they were more in control of their own food. Another person had been reluctant to bath and staff had suggested running a deep bath for them, gradually encouraging them to use it. Staff had also suggested purchase bubble bath so the bath would be a special experience for them. This person now enjoyed their baths and we saw them return from their shopping trip during the morning with bubble bath.

People were seen behaving in a way that reflected they had full autonomy. At lunch time people ate where they wished and ate what they wished. One person was seen making a peanut butter sandwich and taking it into the lounge to eat. Another had brought in a meal from the main kitchen area and sat at the communal kitchen table to have their lunch. A third person had opted to have lunch out. This showed that people were empowered to make choices and use any area of their home as they wanted.

People had opportunities to participate in activities that met their individual needs. One person told us, "I like cooking, gardening, singing and I can do them when I want." A second said, "The best thing about living here is the cooking." Another person told us, "I go swimming, go to the church. We have trips out." A relative told us, "She always seems to be busy with something to do." Another relative said, "[Name] loves sport and his weekly programme of activities involves going to the sports centre for gym and swimming lessons. This is encouraged by the staff. He has a full week. He does not get bored." A staff member said, "People get involved in the summer and Christmas fairs."

People's care and support was planned proactively in partnership with them. The service used a blended staff approach. This meant that staffing levels were flexible enabling people to receive care when they wanted it in the way they wanted it. For example, one person was an earlier riser and the manager ensured that staff were available and flexible to support this person at the time they needed it. Another person wished to visit their family some distance away. A staff member was allocated to this person to support them in learning how to read train times so they could visit their family independently. A third person was unable to cook, go out independently or manage their medicines when they moved in to Bells Piece. Using the blended approach of staff being available at various times and in various numbers they could now do all of this and they were working towards moving in to supported living. A relative said, "I think they (staff) have helped him."

People had keyworkers who they met with each month to review the service they received, including the activities they attended and to review progress towards achieving goals. It was clear in the case of one person that their goals were being worked towards. For example, "Develop greater timekeeping". Staff were working with this person to establish their understanding of time and supporting them to devise a morning routine and prepare the night before. They were also working towards starting to take control of their own topical cream application. Another person's communication profile was developed in line with the signals and gestures they wanted to use to make their needs known. This had led to them self-directing their own shopping and meal choices making them more independent.

People received care that was personalised to their needs. One relative told us, "She is much happier now and I feel she is really well at the moment. I really do feel her personal care and cleanliness has improved." Another told us, "I would not want her to be anywhere else." The results of the most recent relatives survey reported that 39% felt the service was 'outstanding' in helping people to achieve outcomes and quality of life. Comments included, "The facilities you provide, the training, kitchen and horticulture enable people to

fulfil their potential and have a good quality of life,"

People's human rights and equality were respected by staff and staff understood people social diversity. One person told us, "I have a girlfriend and I get to go out to nightclubs and meet up with her." Another person was in a long-term relationship with someone in another provider's service. There were no restrictions on them seeing each other, which they did regularly. One person had their own mobile phone which they were able to use independently. People were able to keep in contact with old friends. One person told us they had met up with an old school friend and had gone out with them. A second told us, "I have so much fun going down to the pub with my friends."

There were appropriate procedures for managing complaints and concerns. People told us they would know who to speak to if they had any concerns or worries. One person said, "I would talk to the staff. I did tell them about something and they sorted it out." Another person told us, "I don't think I am worried. I would speak to staff." A relative said, "I did have some concerns but think these have all been addressed." A second relative told us, "I would not have a problem about going forward with a complaint." A staff member told us, "I would ask the person to go to the manager or the team leader."

No one currently living at the service was receiving end of life care and as such care plans relating to this were not written up. We spoke with the manager about this at the end of our inspection who told us, "We did have one person, but it was a very difficult discussion. We are aware that we need to start talking to people about it."

Is the service well-led?

Our findings

There was a clear vision within the service and staff told us they felt supported in their role. A staff member told us, "The vision is to help people remain as independent as possible and support them to access the community." A second member of staff told us, "I feel supported by the manager and the team." A third said, "I feel supported. [Manager] very supportive with training."

People were involved in the service. One person told us, "We do have house meetings. We talk about how we all get on and how we should behave towards people. They (staff) ask us what we want to do and if we are happy." Another person told us, "We have resident's meetings. We talk about helping to do the washing up. We talk about holidays." A staff member told us, "There are family meetings and house meetings. We have staff meetings and go over any issues that might have come up or if we want to talk about anything. We go through people's support and can give ideas if we think of things." We reviewed the minutes from the most recent residents meeting and read that people updated each other with what they had been up to, made suggestions for different activities and there was a discussion about cleaning tasks. The manager held an action plan to address anything raised. We read that actions had been signed off as met. This included people attending and participating in a fashion show and making posters to display around the service reminding people to stay safe as the weather got hotter.

Relatives felt the management of the service was good overall. One relative told us, "Things have improved a lot." Another said, "They are good at communicating with me." A third told us, "The manager came with me to the (healthcare professional) as she wanted to have an insight into things. I am pleased we have a new manager." A fourth commented, "[Manager] only took up post of service manager recently but I have no cause for concern as she seems to be doing a good job. The staff get on well together." However, we did receive some feedback that communication was not always as good as it could be. One relative told us, "Sometimes when I ring the phone just rings and rings. Although it has improved recently." Another relative said, "One not so good thing is the breakdown in communication in staff. If I tell a staff member one thing I have to repeat it 13 times." We noted relatives had fed this back as part of the most recent satisfaction survey. 14 responses were received of which 43% felt the organisation of the service 'required improvement'. We also read that this was a theme of the April 2018 staff meeting where staff said, "Poor communication" was an area that was not so good.

The remainder of the relative's satisfaction survey was very positive with 57% feeling staff supported people to stay safe and avoid harm, 60% felt the service was 'outstanding' in the way they treated people and 50% felt management was 'good' in openness and transparency. The manager had developed an action plan to address all comments made by relatives, such as, better communication, checking people's rooms more often, ensuring repairs were completed quickly and providing training information to parents.

There was a clear drive by the manager to continue with the improvements to the service and embed and develop them further. Regular audits were completed and these highlighted areas for improvement, such as reminding staff on completing daily notes and information about medical appointments. A recent medicines audit had identified gaps in topical cream records and the manager told us an electronic

medicines management system was being introduced in July this year. Other audits included infection control, hand washing and care plans. The provider's senior management team also carried out audits of the service and we noted they had picked up on many of the areas already identified by the manager.

In addition, the service worked with external organisations. The manager told us, "We are currently working with BILD (The British Institute of Learning Disabilities) on a PBS (Positive Behaviour Support) programme." The area manager added, "It is a national implementation programme. We are being accredited for it and then it will be rolled out across Leonard Cheshire."