

Autism Anglia

Whitstone House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service: Whitstone House provides residential care for up to nine people with a learning disability and diagnosis of autism. At the time of the inspection there were eight people using the service.

People's experience of using this service: The service provided spacious, generous accommodation which was unrestricted, and people could move around freely and access the garden and out buildings. The property was partly owned by Autism Anglia and partly by a housing association. We had some concerns about the safety and cleanliness of the building because audits were not sufficiently robust and had not identified potential hazards to people's safety. We were however confident about the response of the provider to immediately address our concerns to ensure people were as safe as possible.

The management and oversight of the service had improved upon the appointment of a new registered manager who had started to identify and improve the service with the support of their manager. There had been no registered manager in post for a while after the previous manager left. Some of the governance processes had not been sufficient to identify gaps in the service provision. The service had been using high numbers of agency staff to help ensure they met their contractual arrangements for one to one staffing levels for some people. Since the new manager came into post agency usage had been significantly reduced and staff recruitment robust. This meant people had greater continuity of support by staff they had established a rapport with and were familiar with their needs.

Staff were being well supported with training being brought up to date and in line with their job roles and job description. Records supported a robust staff recruitment process and staff support and development.

Record keeping in general required improvement particularly regarding people's care plans which were large documents and did not clearly and specifically show what people wanted to achieve and how the service supported them to do it.

People using the service had opportunities to go out and pursue a range of different activities appropriate to their needs. The staffing levels at the service made it possible to provide individualised support and people were supervised to help reduce any risks they might otherwise encounter.

People were supported to maintain good health and the service was proactive in monitoring and helping to manage people's health care needs.

Staff were clear about how to support people who might lack mental capacity or unable to make decisions about their care, health and welfare. There was clear documentation in place where people could not consent particularly around access to health care.

People were supported to take the medicines they had been prescribed and there was clear guidance in place to ensure staff understood the benefits and side effects of medicines.

Rating at last inspection: Good: Report published 26 September 2016

Why we inspected: This was a planned inspection to check that the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our well led findings below.

Good ●

Whitstone House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of supporting a family member with a learning disability.

Service and service type:

The service is registered for up to nine people with a learning disability and autism. The service provides residential care, not nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave 24 hours' notice of the inspection because people using the service were living with autism and likely to be anxious by our visit. By giving notice staff could prepare people for our visit.

Inspection site visit activity started on 29 April 2019 and ended on the same day.

What we did:

Before the inspection we reviewed all the information we already had about the service including previous inspection reports, notifications which are important events the service is required to tell us about. The service had sent in a provider information return when requested. This provides us with key information about their service, what they do well, and improvements they plan to make. The information helps support our inspection.

During our inspection we used mainly observation due to the fact that people using the service had limited verbal communication. We spoke with three people who were able to give mainly yes and no answers. We spoke with three relatives. We spoke with the registered manager, the deputy manager, the cook, the maintenance staff, and three care staff. We looked at medicine records, two care plans and other records relating to the running of the service. Some records were not available at the time of the inspection and we requested these. They were made available immediately after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management and learning lessons when things go wrong.

- We identified several risks to people's safety as stated below and sought immediate assurances from the provider.
- The service was cleaned by an external company but there were no regular audits and checks by the service of the standard of their work. Areas of the service were quite cluttered, for example there was a relaxation room with games, soft toys and other objects. This increased the risk of infection. Some areas of the service required refurbishment and replacement such as the toilet floor, this again increased the risk of infection.
- Some fire doors did not close well and banged shut which could disturb people at night. Fire alarms were set off as part of the fire drill. The service had not adapted 'alarms' for people with sensory issues.
- Record checks on fire exits and fire doors were in place, but the record just stated all checked without an individual record showing which fire door and fire exit had been checked. There were no room checklists or risk assessments which would have identified some of these issues.
- Window restrictors were fitted but we were not shown initial risks assessments or evidence of regular checks. We discussed this with the maintenance manager who agreed to immediately put risk assessments in place and increase checks to monthly.
- Following the inspection we sought reassurances from the maintenance manager who told us they have introduced monthly health and safety checks..
- We saw some old uncovered radiators. The registered manager said the surface temperature did not get hot. This was difficult for us to check as it was a warm day and the heating appeared to be off. However, we did find an uncovered radiator near the office which was very hot to touch and could cause scalding with prolonged contact. The radiators were not all fitted with thermostatically controlled valves so could not be adjusted.
- Staff carried two-way radios but there was nothing in place for people to summons assistance if needed in an emergency. This had not been risk assessed and might be pertinent in times of reduced staffing, for example at night.

- Like several records in the service the incident file was very bulky which made it difficult to access the most current and up to date incidents.

- Accidents and incidents were reported to the registered manager who collated them to review if actions taken were appropriate to the level of risk. They also considered any themes, patterns and trends. This helped inform the risk assessments and forward planning of the service.

Systems and processes to safeguard people from the risk of abuse.

- Staff had access to guidance and training to help them recognise abuse and know what actions to take to keep people safe. The level of incidents in the service were low because staff were proactive and took clear actions to reduce conflict between people. Staff were aware of people's individual needs and supported people sensitively and safely.

- The registered manager worked in partnership with other agencies and knew what to report and how to assist in investigating incidents and safeguarding concerns when appropriate to do so.

- There were relevant policies, procedures and guidance in place that staff were aware of and had up to date training.

- Staff received in depth training on managing behaviours and if necessary restraint. Staff told us restraint was hardly ever necessary as they were skilled at anticipating and reducing unwanted behaviours before they escalated

Staffing and recruitment.

- Staffing levels were generous. People had either one to one hours or shared support. Some people needed the support of two staff when out in the community depending on the activity planned. The registered manager provided us with a clear record of how they utilised staffing to ensure people received the support they were funded for.

- In addition to care staff the service had domestic and catering staff which meant staff could focus on supporting people to access appropriate activities.

- A reduction in agency staff had been significant over the last three months which meant that people were supported mostly by regular staff who knew people well and could anticipate their needs.

- The registered manager confirmed their processes for staff recruitment but was unable to provide staff recruitment records as these were held at the head office in Colchester. For us to verify there were robust employment procedures in place we requested confirmation of staff recruitment records. These were provided immediately following the inspection. They documented that all new staff were subject to a verbal interview, a face to face interview, which included observation of how they interacted with people using the service. Job and personal references, a job application, a current disclosure and barring check, proof of address and identification were checked and available before commencement of employment. This helped to ensure only suitable staff were employed.

Using medicines safely.

- Staff received training before being able to administer medicines to people. Staff were observed when first giving medicines and their competencies assessed. Annual refresher training was carried out and staff were supported with additional training and observation of practice should they make a mistake. The service had a non-blame culture and supported its staff to be open and transparent.

- The separate medicines room was well organised, and medicines were ordered as needed and stored correctly. Regular audits were completed to ensure medicines had been given safely. Changes to the supply of medicines from the pharmacy meant medicines were now being issued in their original boxes rather than being pre-dispensed into blister packs. The service completed daily checks for some medicines to ensure they were administered correctly after each shift. This meant errors could be quickly identified and rectified.

- People's medicines were kept under review and there was clear guidance about what medicines people were taking, when they should be administered, what their primary function was, and any side effects staff should be aware of.

Preventing and controlling infection.

- The service employed an external cleaning company to clean the service. The service was superficially clean but there was no clear overview of infection control in terms of regular audits. The registered manager upon our feedback implemented a system for regular audits.

- Staff adhered to good infection control procedures and encouraged people to maintain their personal hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs. Although we have judged this question as good overall, we had some concern about the environment particularly when taking into account people's future needs.

- One person whose physical needs had changed recently had been assessed by health care professionals and was having an overhead tracking hoist fitted over the bath. We found however staff had not fully considered the needs of people as they were getting older and the likely care they might require in the future. There were only two ground floor bedrooms, everyone else managed stairs, but there was no lift or chair lift.
- We found the signage poor to help people navigate and recognise their personal space. The maze of corridors meant you were not sure where each door was leading to and could be improved upon. Communal facilities such as toilets and bathrooms needed upgrading and flooring and handles replacing.
- The maintenance, décor and external grounds maintenance was overseen by one member of staff employed on a full-time basis. We had concerns that they also oversaw another registered service and a community centre as well as ensuring the vehicles used by the service were carefully maintained. This was a large undertaking particularly as the building was a substantial Victorian property.
- Areas of the service had been improved upon and redecorated including the dining area and people's bedrooms were personalised and well kept. There were distinctive choices in wall colourings as well as decoration reflecting people's interests and family mementoes. One had a very striking, bespoke beach scene painted on the entire wall behind the bed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The service completed in depth assessments of people's needs in consultation with them, family members and other representatives. The service sought advice and guidance from other health care professionals and collated previous information and assessments which helped inform the care provision.
- The service kept up to date with best practice and was compliant with legislation. Policies were in place, but some required updating. The registered manager had recently ensured some were updated to reflect changes within the service.
- There was a multi-disciplinary approach to meeting people's needs. Some people had six weekly reviews

as part of the persons support.

Staff support: induction, training, skills and experience.

- Staff received the right level of training for their role. Staff told us their training was a mixture of e-learning and face to face training which was both informative and specific to the needs of people they were supporting. Staff received training on autism and behaviour relating to people's distress, anxiety and sensory needs.
- One member of staff told us, "This is a brilliant place with lots of training if you identify a training need then the company will invest in it, for example training for diabetes and schizophrenia."
- Records demonstrated staff were supported through their induction and employment with Autism Anglia. Staff said they had always felt supported, but things had improved since the new manager came into post in terms of receiving regular supervision, annual appraisals and regular team meetings.
- New staff were well supported by an internal induction and would be supported to complete the care certificate within their probationary period if new to care. This is a nationally recognised induction for care workers. Staff confirmed when first starting employment they worked alongside more experienced staff until they felt confident. Their competence would be assessed in key areas of practice including manual handling practices and administration of medicines.
- Some staff had specific areas of interest and experience. The registered manager was reviewing this in line with staff's job descriptions to support staff to take initiative and lead staff.

Supporting people to eat and drink enough to maintain a balanced diet.

- The service had a kitchen, which people had access to and were observed being supported to make drinks and packed lunches.
- The service had separate catering staff who were new to their permanent roles. The kitchen had recently been awarded five stars by the environmental health authority.
- The service was flexible around people's dietary needs and planned the menu according to people's preferences. The meal time setting was appropriate to people's needs. There were two settings to minimise the distress to people when eating in a noisy space. Staff appropriately supported people and were aware of their specific needs.
- Checks were kept on what and how much people were eating and drinking. Staff encouraged people to eat healthy options and monitored people's weights.

Supporting people to live healthier lives, access healthcare services and support.

- Relatives expressed their satisfaction with the service. They said people were kept active. One family member told us, "They encourage him to do things: riding, he now plays tennis again – they've got his weight down a lot through diet and exercise."
- The service worked hard to ensure people had access to the services they needed and made regular use of

screening services. There was guidance in place for staff to help them support people appropriately. There was careful consideration if treatment or screening was necessary and in one instance it was agreed it was not in the persons best interest. There was clear documentation in place to show the decision-making processes.

- There was clear guidance for any risks associated with people's health care and, or treatment they might need. For example, we saw a person had a swallowing impairment and had been assessed by the speech and language team. Staff were aware of the guidance and the need to have a specialist diet. Guidance was in place to support people living with diabetes and there was guidance about healthy eating.
- People had hospital passports which provided information in one place and could go with people if they attended a health care appointment or hospital admission. We found the information in these were not up to date so could result in omissions in care. Record keeping generally required improvement.
- People had support to keep their mouth and gums clean and regularly saw their dentist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service complied with relevant legislation and worked closely with people, their families and other professionals to ensure people's best interest was upheld where they lacked capacity to make informed decisions.
- Staff had a good understanding of legislation relating to mental capacity and deprivation of liberty safeguards. People needed constant supervision and were unable to leave the premises safely by themselves. Deprivation of liberty safeguards had been applied for and granted by the Local Authority. When reviewing people's files, we saw a DoLS granted which needed to be reviewed as it had expired the twelve-month period.
- The environment was least restrictive and there were no unnecessary constraints for people.
- Financial assessments and mental capacity assessments in relation to people's finances were in place.
- Most people needed support to manage their finances and these were arranged through an appointee in most instances. Staff managed people's money in respect to their personal allowance. Any large purchases were documented and the rationale for the purchase. Staff considered all options and looked to see if the

item was competitively priced.

- People were supported to get about and contributed financially for petrol used but not for the upkeep of the vehicles which were owned by the organisation.
- Receipts and records were kept showing individual purchases. Audits had been established to ensure these tallied.
- The swimming pool donated by parents had recently been brought back into use. We saw best interest decision had been made and people were contributing to the cost of use and upkeep. We viewed the updated service user guide that needed revision as it made no mention of the pool or cost for its usage.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were active and moving freely around the service, normally with a staff member nearby and ready to engage with them. Staff and people alike seemed very at ease and friendly with one another and staff generally demonstrated a real understanding of their needs.
- People had care plans which recorded their preferred choices and routines; and routines were structured accordingly. Staff were observed as treating people well and with respect and had a good understanding of autism and how it might impact on the person.
- Some people had behaviours which could be viewed negatively and impact on people's safety, but staff had the right level of training and attitude to support people appropriately.
- Staff considered people's individual needs which incorporated gender specific care and people's preference in staffing.

Supporting people to express their views and be involved in making decisions about their care.

- People were given choices in a way meaningful to them and in a way, which reduced their level of anxiety.
- People were shown picture cards to help them make choices and staff were mindful to ensure people understood and were able to retain and weigh up information. Staff understood relevant legislation around capacity and consent and acted in people's best interest. Staff consulted relevant professionals and family members where they were able to act on the person's behalf.

Respecting and promoting people's privacy, dignity and independence.

- Staff encouraged people to engage in the range of activities available to them and these included basic household jobs such as putting away their laundry and some tidying up in the dining room through to outings to shops, the bowling alley, the allotment and Opportunity Centre, (a community resource centre) and to annual holidays to destinations selected by people.
- One person told us, "I like the Opportunity Centre, I like to cook there, and I like to go swimming as well."

- The service was staffed according to people needs which helped them access the community as safely as possible and enabled the person to participate.
- A member of staff told us about a person who wanted to go to London and had a love for steam trains. The staff member had recognised that London could be busy and stressful so was meticulously planning the trip with the person to help ensure the trip went as well as it could and considered the person's needs. They were using picture cards to help the person predict what the experience would be like.
- People received intense support around their behaviour and anxiety and staff were mindful about making reasonable adjustments to people's day and forward planning to help reduce uncertainty. For example, people chose to eat with others or not and there were at least two meal settings. People could access transport and had one to one support as a minimum for some activities. Everyone had different routines.
- There was a photo board to help people know who was working and people were asked to check in and out when leaving the service.
- Staff were aware of people's needs and provided information and choice in a clear, meaningful way and guided and supported people rather than making decisions for them. People had activity boards and planners they could refer to. People were expected to do as much as they could for themselves and their independence was encouraged. For example, people kept their rooms tidy and were involved in food preparation.

Is the service responsive?

Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

Good: People's needs were met through good organisation and delivery.

- Feedback about the service from people was limited, but from our observations we saw that staff were responsive and ensured people were comfortable and as active as they wished to be.
- A relative told us, "The staff are wonderful, they understand him so well even though he doesn't talk very much. He's recently been given an iPad, it has words, phrases and pictures, it allows for better communication. He has a diary for forward planning and they have cut out pictures they use for things like his favourite television programmes, listening to the radio and activities so he can see what is coming for the next few days."
- Staffing enabled the service to support people in line with their needs and preferences. People had varied opportunities to go out and pursue different activities including day centres and clubs. Not everyone had one to one funding which reduced their opportunity, but this was being addressed through the local authority.
- Most staff were familiar with people and could anticipate their needs. Some people had varying levels of communication, but staff knew some sign language and used picture cards to facilitate choice. Staff observed people's body language to help them determine what people wanted.
- Staff were responsive to people's specific needs. For example, staff told us one person could not stand their teeth being brushed. They said they had used modelling behaviours to try and support them and purchased different type of toothbrushes to see if they find a different brush easier to use.
- People had access to their personalised bedrooms, and there was generous accommodation where they could sit by themselves if they wished. The service benefited from a garden, shed and pool so people had opportunity to be outside.
- Care plans included a one-page profile and weekly planner. We found however the care plans were bulky, difficult to navigate through and a lot of the information had not been updated to show its relevance. It would be problematic for a newer member of staff to access the information they might need.
- Care plans were not clearly linked to objectives to show how the service was supporting people and helping them to achieve what they wanted to. We saw actions needed towards goals but could not see if these were being worked towards or being achieved. We were however reassured that the registered manager had already identified shortfalls within the care plans and had a timescale in which to address it.
- There was guidance in place around people's specific health care needs, conditions and support around

minimising distress behaviours.

Improving care quality in response to complaints or concerns.

- The registered manager was not aware of any complaints received since coming into post. There were clear processes for dealing with concerns and complaints and the policy was clearly displayed. The complaints procedure was accessible and could be reproduced in easy print or in picture format. Feedback about the service was routinely collated but we could not always see what actions had been taken in the past.

End of life care and support.

- People using the service varied significantly in age. Staff told us they had not received any formal training in end of life care or the ageing process. Staff said they would welcome some training to help them support people if appropriate to do so. Care plans did not clearly reflect people wishes as they were getting older but considered people's health care needs. The registered manager agreed to prioritise this to ensure care records took into account people's future needs.

- Staff had information about people's family history and circles of support. Staff told us people needed reassurance around death and dying. They said they used social stories to explain concepts of death and support people with loss and change. Staff sought advice from the learning disability partnership team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- We saw recent improvements had been made by the newly registered manager and were confident these would be sustained, and further improvements made. The registered manager had already significantly reduced the use of agency staff, had increased the support for staff and was keeping clearer records to show this was happening. They were working to an action plan and although we identified areas for improvement we were assured these would be addressed.

- There was provider oversight. The regional manager last completed an audit on 9 April 2019 and their audit identified a lot of outstanding actions. The audit identified care plans needed to be brought up to date with clear objectives for people and clear reviews showing progress made. It was positive to see this area had already been identified. We found care plans like a lot of the documentation we reviewed, difficult to navigate through with information which was no longer relevant or out of date.

- In discussion with the registered manager it was apparent that the service prior to them coming into post was without a registered manager for a few months. This had meant that some things in the service had lapsed. For example, care and staff records and maintenance checks. These were or had been addressed. Governance processes had now improved.

- The registered manager completed a monthly report which documented service risks and service priorities. Information included details of anything affecting the stability of the service such as staffing vacancies, sickness rates and considered what was happening in the service and when care reviews had taken place.

- Family members had confidence in the service. One relative told us, "We've never had anything but praise for Whitstone, we feel very lucky for him to be there and for us to have him there. We would unquestionably recommend Whitstone House to anyone in similar circumstances to us." They said staff kept them informed of anything or changes to their needs and supported and encouraged their family member to actively participate in things.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- During our inspection we identified improvements necessary most relating to the environment. This did not assure us that the service was as safe as it should be, and we had a lack of confidence in the service to identify risk through its own processes and audits.

- Although equipment was well maintained, and risks were known by staff through robust handover procedures. We felt a lack of oversight or priority of risk had led to some things being overlooked which had the potential to cause harm, taking into account the age of the property and the divided responsibilities due to joint ownership.

- Policies and procedures were not all up to date which meant staff might not be aware of the most up to guidance or whether they reflected best practice. Since the inspection a review sheet has been introduced to show when a record was last updated.

- The registered manager said since coming into post they had ensured all staff supervision was both regular and recorded. They had reviewed roles within the service and ensured these were well understood and all staff had the necessary training and skills for the roles they performed.

- A description of roles and tasks had been clearly written and allocated so everyone was aware of their responsibility. Handover between each shift helped ensure continuity of care and to ensure risks were known and acted upon.

- Team meetings were held regularly to help ensure staff were regularly updated on any new developments and risks in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff received training and support to help them recognise and understand the protected characteristics as identified by the Equality Act and deliver care according to people's preferences and specific needs.

- The service was inclusive, and people's rights were upheld.

- The registered manager networked with other services/ managers to share ideas and best practice and to ensure their practices were up to date.

Continuous learning and improving care.

- The staff worked closely with parents and kept in touch with them and supported them to maintain relationships with their family members. They asked for feedback to help them improve the care and support given to people. Recent surveys had been sent out but the results not yet collated.

- There were opportunities for staff to attend regular training and reflect on their work performance. Staff were encouraged to obtain further qualifications and work towards clearly defined objectives.

Working in partnership with others.

- Staff reported a good relationship with other health care professionals and regularly accessed the services they needed for support, advice and training.

- The service worked closely with parents and telephoned and met them to discuss their family members care. A newsletter was in place. Staff supported people to visit their families and people had regular trips and annual holidays, using in some cases specialist facilities.
- People participated fully in their local communities and attended regular activities. The service also used a community centre it owned where people could do gardening and other sensory based activities.