

Somerset County Council (LD Services)

Amberleigh

Inspection report

Isaacs Close
Street
Somerset
BA16 0LS

Tel: 01458840865
Website: www.somerset.gov.uk

Date of inspection visit:
24 November 2016
25 November 2016

Date of publication:
29 December 2016

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

This inspection took place on 24 and 25 November 2016 and was unannounced. The service was last inspected on 29 August 2014 and no concerns were identified at that time.

The service provides short break respite care, including accommodation and support, for up to six people at any one time with multiple learning disabilities. At the time of inspection, a total of 18 people received short break respite services at Amberleigh. People stayed at Amberleigh for varying lengths of time; ranging from one night each week to occasional blocks of 14 consecutive nights, depending on their assessed needs and their family's requirements. Most of the people who used the service had complex learning and physical disabilities with limited or no verbal communication skills. Many of the people required one or more staff members to support them if they went out into the community.

The service had a registered manager in post. 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.

Responses to the latest relative's questionnaire showed relative's felt Amberleigh was providing a good service and there were lots of positive comments, particularly about the staff. The majority of relatives said they were kept well informed and they were able to contact staff and management if they wanted to discuss anything. One person commented "Overall Amberleigh provides an invaluable respite service with the resources available".

People's relatives told us the management and staff were very caring. A relative said "Staff are not just there for the money. They are all absolutely lovely, approachable and caring. You can tell they genuinely care". We observed staff interacted with people in a friendly and considerate manner and respected their choices. Staff were very patient and took time to try to understand people's wishes and preferences even though they could not express themselves verbally. No one was made to do anything they did not want to.

Relatives told us the service was effective in meeting people's needs. One relative said "I would say they meet all their needs. All aspects of personal care, bathing and meals. Staff have been trained to do their epilepsy medicines and seizures are dealt with absolutely brilliantly". Staff received comprehensive training and supervision to ensure they had the knowledge and skills to provide the care and support people needed. The service also worked in close partnership with local health and social care professionals and sought specialist support and advice when needed. This helped to ensure people's health and wellbeing was maintained.

There were sufficient numbers of staff to meet people's needs and to keep them safe from avoidable harm. When we inspected there were four people receiving respite care and four members of staff to support them. We observed a member of staff was always available when people needed assistance. Staff had time to

engage socially with people as well as meet people's personal care needs. One member of staff said "On the whole we have a good amount of cover with lots of social stuff regardless of people's needs. We do things like playing catch, colouring or go out if staffing allows".

The provider had an effective quality assurance system which ensured the service maintained good standards of care and promoted continuing improvements.

Amberleigh is in the process of transitioning from local authority control to a new social enterprise organisation, along with the other Somerset local authority learning disability services. There is a property development improvement plan for Amberleigh and other services at the Isaacs Close site, this is due to commence in early 2017. The development is a complete new build of accommodation; the plans to achieve the development will necessitate the relocation of services, as a result Amberleigh will be relocating to temporary premises in the New Year.

People's relatives and staff had been briefed about the changes. The registered manager planned to hold an open day for people, relatives and staff to view the temporary accommodation prior to the move. They said the long term plans for the respite service were under discussion and had yet to be finalised.

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 was safe.

There were sufficient numbers of staff deployed to help keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to remain safe.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and the service accessed support and advice from external health professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and considerate staff.

People were treated with dignity and respect.

People's relatives were made to feel welcome and good relationships were promoted between relatives and staff.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were known and

acted on.

People and their relatives were consulted and involved in decisions about their care.

People, relatives, staff and other professionals were able to express their views and these were taken into account to improve the service.

Is the service well-led?

Good ●

The service was well led.

People were supported by an accessible registered manager and a dedicated team of care staff.

The service had a caring and supportive culture focused on providing people with good quality short break respite care.

The provider's quality assurance system ensured the service maintained good quality safe services.

Amberleigh

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 November 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's 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 the improvements they plan to make. The service was last inspected on 29 August 2014. At that time, the service was meeting essential standards of quality and safety and no concerns were identified.

We were unable to have conversations with the people who used the service due to their speech and language difficulties. In order to gain an understanding of people's experience of the service, we observed staff practices and their interactions with the four people who were using the service at the time of our inspection visit. Following the inspection, we telephoned five relatives of people who used the service to obtain their views on the service.

During the inspection, we spoke with six members of care staff and reviewed three people's care plans and other records relevant to the running of the service. This included responses from relatives to the service's latest quality assurance questionnaires, staff training records, medication records, complaints and incident files. The registered manager was off duty at the times we visited but we had a telephone conversation with them on the second day of our inspection.

Is the service safe?

Our findings

We observed people were well treated and appeared relaxed and at ease with the staff supporting them. People's relatives told us the service provided a safe and secure environment. One person's relative told us "I have no worries about their safety. I'm really pleased with how they are cared for". This was echoed in the latest relatives' satisfaction questionnaires. Typical responses included "I feel confident when I leave [person's name] that they are safe" and "My [relative] is always content about going for their stay at Amberleigh". This showed people were not anxious or concerned about visiting the service.

People were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager would deal with any concerns to ensure people were protected.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Care plans contained risk assessments with measures to ensure people received safe care and support. There were risk assessments and control measures for a wide variety of issues, including: anxiety and aggression, epileptic seizures, bed surrounds, choking, postural management, and use of special feeding tubes for people who were unable to swallow. One member of staff said "We risk assess virtually everything before we do it, from personal care to recreational activities". The service adopted a pro-active approach to risk management to enable positive risk taking. This enabled people to have enjoyable and fulfilling experiences while minimising the risk of avoidable harm.

If an accident or other incident occurred, it was investigated and where necessary an action plan was put in place to minimise the risk of recurrence. The service reported all significant incidents to the local authority's community team for adults with a learning disability. Where appropriate, these incidents were referred on to the local authority safeguarding team for further investigation. Our records showed the service met their statutory requirements to inform the Care Quality Commission of notifiable incidents.

Staff knew what to do in emergency situations. For example, there were protocols for responding when a person experienced an epileptic seizure. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. Staff said they would call the relevant emergency services or speak with the person's GP if they had concerns about a person's health and welfare. Care plans also included personal emergency evacuation plans for use in the event of a major incident, such as a fire or flood. The provider had a comprehensive range of health and safety policies and procedures to help keep people and staff safe. There was a Team Crisis Plan, on call senior management rota, and an

emergency night time protocol.

There were sufficient numbers of staff to meet people's needs and keep them safe. Because of the extremely variable nature of this short break respite service, it was not possible to have a fixed staffing rota. Instead, staffing rotas were organised around the specific needs and dates of the people requesting respite care. This varied considerably from week to week but the busiest times were generally at weekends.

The level of staffing was geared to the assessed needs of each person who stayed at Amberleigh. Some people received two to one staff support, others one to one, and some did not require continual staff support. When we inspected there were four people receiving respite care and four members of staff to support them. We observed a member of staff was always available when people needed their assistance. Staff had time to engage socially with people as well as meet people's personal care needs.

Staff said there were always sufficient staff numbers to meet people's care needs. One member of staff said "On the whole we have a good amount of cover with lots of social stuff regardless of people's needs. We do things like playing catch, colouring or go out if staffing allows". On occasions there were short notice absences, for example, due to sickness. In these circumstances, staff would change their shifts to help out and there was a list of relief staff who could be contacted. The service had a reciprocal arrangement with two neighbouring homes. One of the homes could usually spare a member of staff for a couple of hours, if needed. For example to help out at busy times such as when people's medicines were being administered. A member of staff said "There's never been a time when I haven't been able to get some help".

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. This included observation of staff practices and completion of a detailed medicines administration questionnaire. Staff were reassessed every year to ensure their practice continued to be safe.

People's medicines were always administered by two staff. One member of staff read out the details from the person's medicine administration record, while the other member of staff gave the medicine to the person. Staff said they always checked to ensure the correct medicines had been taken at the right times. Medicine administration records were audited monthly by the registered manager or team leader. These checks helped to ensure the correct medicines were administered to the right people at the right time.

People's medicines were prescribed by their GP and were usually brought in by the person's parent at the start of their respite stay at Amberleigh. Parents had to complete an admissions sheet for each stay which included providing information on any changes to the person's medicines. If this information did not match with the service's medicine administration record, it was checked out with the person's GP prior to administering to the person.

We observed medicines were kept in secure and suitable storage facilities and medicine administration records were accurate and up to date.

Is the service effective?

Our findings

Relatives of people who used the respite service said the service was effective in meeting people's needs. One relative said "I would say they meet all their needs. All aspects of personal care, bathing and meals. Staff have been trained to do their epilepsy medicines and seizures are dealt with absolutely brilliantly". Another relative said "[Person's name] definitely wouldn't go there if the care wasn't good".

Staff were knowledgeable about each person's needs and preferences and provided support in line with people's agreed plans of care. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. This included; safeguarding vulnerable adults, the Mental Capacity Act (2005), epilepsy, medicines management, positive interventions, first aid, food hygiene, moving and handling and other topics specific to people's individual needs. For example, staff received individualised communication training to enable them to understand and communicate with people who had limited or no verbal communication skills. The provider used an inclusive communication environment (ICE) process to enable staff to identify the right tools and methods to effectively communicate with people. This included sign language, picture boards, symbols, and other physical forms of communication. During our visit we observed staff employing a range of different communication methods appropriate to the people they were supporting.

New members of staff completed a comprehensive induction programme. This involved an intensive seven day block induction course as well as a local service induction. It included shadowing more experienced staff until they became familiar with the needs of the people they were supporting. During their induction, staff completed a range of service specific training courses. They had 12 weeks to complete a work book toward gaining the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to. During the new member of staff's probationary period, the registered manager and the team leaders continually assessed their competencies and suitability to work with the people who used the service.

The provider also supported staff with continuing training and development, including vocational qualifications in health and social care. One member of staff said "The training is brilliant" another said "The person who organises the training here is fantastic. They will book you onto a specialist training course even if it is only relevant to one person we support". Staff training helped to ensure people who used the service received effective support based on current best practices.

Staff had one to one supervision sessions with their line manager every two weeks during their probationary period and every month thereafter. They could also request a discussion with their line manager whenever needed. Staff said everyone worked well together as a close-knit, friendly and supportive team in order to ensure people received effective care and support. They said the registered manager and the team leaders were very approachable and supportive and they could turn to them for advice or assistance whenever needed. Care issues and good practice guidance was also shared at their shift hand-overs and at the monthly staff meetings. Staff also received annual performance and development appraisals. These various meetings provided regular opportunities to review staff performance, discuss best care practice, and identify

any additional staff training or development needs.

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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care plan records showed when people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. Staff told us they received training in the MCA during their induction and had received refresher training at a recent team meeting. They demonstrated a good understanding of the requirements of the MCA.

Records showed DoLS applications for people who used the service had been submitted to the authorising authority. This was because many of the people lacked sufficient mental capacity to agree to certain restrictive practices necessary to keep them safe from harm. This showed the service followed the requirements in the DoLS. The evidence showed applications had been received by the authorising authority some time ago but they were still awaiting processing. We noted people's care plans included associated risk assessments and best interest decisions relating to these restrictions.

People were supported to have sufficient to eat and drink during their stays at Amberleigh. Staff told us the meals provided were based on the known preferences of the people who were staying with them. A member of staff had specific responsibility for preparing the menus around the likes or dislikes of the people staying there. Staff were knowledgeable about people's individual dietary tastes and preferences. For example, we were told one person with multiple disabilities swallowed their food quickly when they were hungry; but they started to blow bubbles when they had enough to eat. Another person was not served pork due to their religious beliefs.

We observed staff offering people choices during the evening meal. We saw one person who couldn't communicate verbally push away their meal. A member of staff used sign language to ask whether they were hungry or if the person wanted something else to eat. We saw another member of staff assist a person into the kitchen where they were offered a choice of desserts.

During the meal there was a relaxed and friendly atmosphere and the staff were very attentive to people's needs. For example, one person was able to eat their meal independently by using a spoon but they had a tendency to overload it with food. Staff had cut their meal up into manageable pieces to assist them with swallowing. A member of staff sat beside the person and said "Let me help you" and used another spoon to help remove excess food whenever the person took too big a spoonful.

People were supported to maintain good health and wellbeing. Each person had a health profile folder containing comprehensive information about their health needs and records. This included a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital.

The registered manager said the service received good support from the local NHS and social care teams. Community nurses visited regularly to look after people's nursing needs and the service was able to call on

people's GPs whenever they had any concerns about people's health. More specialist medical advice was sought, as required, from other hospital and mental health NHS providers.

Is the service caring?

Our findings

People's relatives told us the management and staff were very caring. One relative said "Staff are not just there for the money. They are all absolutely lovely, approachable and caring. You can tell they genuinely care". Another relative commented in the latest relatives' satisfaction questionnaire "Everyone at Amberleigh is very caring and pleasant and always have my [relative's] welfare as a priority". All of the staff we met spoke warmly and respectfully about the people they supported. One member of staff said "I love this job. We focus 100% on the people".

We observed staff interacted with people in a friendly and considerate manner and respected their choices. Most of the people who used the service were unable to communicate verbally. Staff were very patient and took time to try to understand people's wishes and preferences. No one was made to do anything they did not want to.

We observed staff offered people options to choose from and then acted on the person's wishes, for example people were offered different choices at mealtime. We saw people who were independently mobile were free to access any of the communal areas or their bedrooms as they pleased. For example, during one of our observation sessions one of the people came and sat beside us and started to engage with us, making their own pattern of vocalisations. They then got up and went into the lounge to watch one of their DVDs. Later we observed the same person sitting on the settee with a member of staff who was reading and chatting to them. The person was calm and contented and was making similar vocalisations to the member of staff. This showed they were perfectly relaxed and comfortable moving around the home and staying at Amberleigh.

We observed many instances where staff demonstrated a caring approach. For example, one member of staff explained how they observed people's behaviours to understand their needs and choices. The member of staff was sitting in the lounge next to a person with multiple disabilities and was stroking their hand. They said the person "doesn't communicate with others, they just like listening and observing and they are very relaxed in the company of others. They like having their hand held or stroked". Each time another person entered the room the member of staff warmly greeted them by their first name.

Another member of staff showed they were aware of the body language of the person they were supporting. They told us the person "was normally very alert and smiley and aware of everything. But today they are a bit withdrawn". They said the person had recently been ill and they had a lot happening today; coming from home, to the day centre, to Amberleigh. We observed the person needed staff support to eat their meal and was a bit hesitant at first. The member of staff was very patient and tried to coax them to have something to eat saying "Just try it". When the person started eating, the member of staff encouraged them saying "Good man!"

Staff respected people's privacy and dignity. For example, personal care was only provided in the privacy of people's bedrooms or in the home's assisted bathroom. Signs were displayed when personal care was in progress and staff ensured the doors were closed and the curtains or blinds were drawn. Staff told us they

always knocked before entering people's room, even if the person's disability meant they were unable to respond.

Family members told us they were always made to feel welcome when they visited Amberleigh or when they dropped off their relative's things. One relative said "They are ever so nice and will always make me a cup of tea".

Staff respected people's confidentiality. They told us information was only shared on a need to know basis and they never recorded personal or confidential information where unauthorised people could see it. Staff were also careful not to make any comments about people of a personal or confidential nature in front of others.

Care plans included any known information about people's end of life preferences and any cultural or religious beliefs. Staff were aware of people's beliefs and preferences and respected their views and choices.

Is the service responsive?

Our findings

People's needs and preferences were understood and acted upon by staff. One person's relative said "I'm aware [person's name] has multiple difficulties and is very complicated. They look after them to the best of their ability and are all specifically trained. I'm safe in the knowledge they will get in touch with me if they are unsure about anything". Relatives told us they had no complaints about the service. They could always contact the registered manager or other staff if they had any issues and these would be resolved. One relative said "I'm generally happy, there are occasionally some little things but they always get sorted".

The amount of respite care support people received was initially assessed by the local authority's community team for adults with a learning disability. The person's family was then given an allocation of a certain number of nights stay at Amberleigh to use as and when they wished. Some families chose a regular one or two night stay each week, whereas others preferred to book blocks of one or two weeks at a time. After the initial assessment, the registered manager prepared a comprehensive care plan in consultation with the family and others involved with the person's care. This included an assessment of people's needs, their support plan, risk assessments, health appointment records, medicines, and a health action plan. Each person had a 'support for living' plan which provided clear guidance to staff on how to support the person's individual needs, aspirations and choices.

Prior to each stay at Amberleigh, staff checked with each person's relative to see if there had been any change in the person's health condition, or in their medicines. Staff and the relative also completed a Day of Admission Record at the start of each stay. This was also noted in the staff hand over communication book to inform other staff to check the admission record when they came on duty.

Staff were responsive to people's needs and preferences. A member of staff said "It's the little details that matter. One person has an allergy so we use a special washing powder for their things. They like pink so we put pink furnishings in their room. I look at people's support plans to see their favourite food or activity and try to include that. For example, one person likes me to sing to them". We observed staff members of the same gender were available to assist people with personal care, if this was their preference.

Most of the people who stayed at Amberleigh had set daily routines. People were provided with transport to attend their day services from 9.30am to 3pm on weekdays. Unlike most standard care homes, the respite service did not include funding for participation in external recreational activities. However, staff arranged activities within the home, including a lot of theme nights. This included Italian nights, involving people in preparing a themed menu, or Halloween parties and decorations. Staff also organised coffee mornings or discos and there was sensory lighting and sound equipment available at Amberleigh to stimulate people's senses.

At weekends, the extent to which staff could support people to access the community was variable. It depended on the staffing availability and the dependency of people staying with them at any particular time. Some families arranged to take their relatives out over the weekends and other families gave their relative a 'personal spend' to pay for any activities or trips. Staff said they booked local taxis when transport

was needed, or they were able to walk into town with people who were independently mobile. There was a relatives' notice board in the hall providing details of current events and activities taking place in the local community. People had their own activity books describing where they had been, including photographs of them participating in various leisure activities.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. However, the service had not received any formal complaints in the last 12 months. None of the relatives we spoke with expressed any complaints.

Is the service well-led?

Our findings

Relatives of people who used the service told us the management and staff were approachable and supportive. One relative said "I've got a good relationship with the manager. [Registered manager's name] is very good and very approachable". Another person's relative said "The service is absolutely fine from our respect". A parent commented in the latest relatives' satisfaction questionnaire "Overall Amberleigh provides an invaluable respite service with the resources available".

Amberleigh is in the process of transitioning from local authority control to a new social enterprise organisation, along with the other Somerset local authority learning disability services. There is a property development improvement plan for Amberleigh and other services at the Isaacs Close site, this is due to commence in early 2017. The development is a complete new build of accommodation; the plans to achieve the development will necessitate the relocation of services, as a result Amberleigh will be relocating to temporary premises in the New Year.

The registered manager had written to all of the families who use the service to explain the changes. Staff told us they had also been well briefed about the changes. The registered manager planned to hold an open day for people, relatives and staff to view the temporary accommodation prior to relocating. They said the long term plans for the respite service were still under discussion and had yet to be finalised.

The registered manager told us their current service philosophy was "To make sure the transition is as smooth as possible for our customers and their families. Plus, to support our staff team through this period". Regarding the future they said "With the other local authority short break services, we will be looking at supporting transitions from children's to adult services and getting out more into schools and colleges. I would also like to offer more sensory experiences for customers with multiple learning disabilities; and to continue to develop our staff team".

Staff told us the registered manager and the team leaders were all approachable and very supportive. A member of staff said "[Registered manager's name] is very supportive and approachable. You can go and talk to her even if you just want to off load. She also works shifts, mainly at weekends, our busiest period. She's hands on". Another member of staff said "The customers always come first and we all know that; but [Registered manager's name] is very good at organising staff shifts to suit what staff want". For example, one member of staff told us how the registered manager had organised their shifts to suit their child minding commitments.

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability; from care support staff to the team leaders and the registered manager. Staff said everyone worked really well together as a close knit, friendly and supportive team.

The provider had a quality assurance system to check people's needs were being met. The registered manager and the team leaders carried out a programme of monthly audits and safety checks. These

included reviewing care plans, medicine administration records, significant events and emergency plans. The registered manager sent a monthly service report to the area network manager as part of the provider's quality monitoring process. Where action was needed, it was noted on an action plan and progress was checked at the next service review. The service had an action plan from their latest quality assurance audit to address areas identified for improvement. This included improvements in the consistency of some of their care records and their staffing records. These quality checks and audits helped ensure people continued to receive good quality care in a safe and homely environment.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. The provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and their relatives were encouraged to give their views on the service through a number of processes, including regular face to face conversations, telephone calls and emails. The service also circulated six monthly quality assurance questionnaires to people's relatives. Amberleigh received 11 responses to the latest relative's questionnaire. These showed relative's felt Amberleigh was providing a good service and there were lots of positive comments, particularly about the staff. The majority of relatives said they were kept well informed and they were able to contact staff and management if they wanted to discuss anything.

The service used a number of forums for exchanging information and ideas and fostering best practice. These included monthly cluster meetings of services in the same geographical area, quarterly team manager meetings, and the provider's corporate team briefing system. The information was then shared and discussed at the service's team meetings and at staff supervision sessions. Managers and staff also attended conferences and seminars and accessed online resources and training materials from other service related organisations.

The service worked in close partnership with local health and social care professionals. Specialist support and advice was sought from relevant professionals when needed. This helped to ensure people's health and wellbeing needs were met.