

Salutem LD BidCo IV Limited

Oxclose Lodge

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

Summary of findings

Overall summary

About the service

The service provides accommodation and personal care for up to five people living with a learning disability and or autistic spectrum disorder, physical disabilities and complex health conditions. At the time of our inspection there were four people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received safe care and treatment. Risks associated with people's care needs were assessed, planned for and monitored. Staff were knowledgeable about risks and had detailed guidance on the action required to manage and reduce risks.

Staff had received safeguarding training and protected people from avoidable harm. When errors occurred, action was taken to reduce reoccurrence and lessons were learned.

There were sufficient staff employed and deployed effectively to meet people's individual needs and safety. Safe staff recruitment checks were completed before staff commenced their employment.

People's medicines were managed safely. People had complex health care needs and staff had detailed guidance of the care required. Staff worked well with external healthcare professionals and were also supported by internal health professionals in people's ongoing care and treatment.

The prevention and control of infections were minimised due to infection control best practice being followed. Health and safety checks were completed regularly on the premises, environment and care equipment.

People received effective care and treatment from staff who were well trained, supported and knew them well. People were supported with their nutrition and hydration needs and this was effectively managed.

Where people were unable to make specific decisions regarding their care, the Mental Capacity Act 2005 principles were applied. People were consistently supported to have maximum choice and control of their lives and had been supported in the least restrictive way possible.

People received care and treatment from staff who were very kind, caring and had a person-centred and

positive approach. Relatives were exceptionally positive about the approach of staff who they described as going above and beyond what was expected of them. Staff treated people with great dignity and respect. They treated people as equals and involved them as fully as possible in their care.

People's communication needs were known and understood by staff. People received opportunities to participate in a variety of social activities, interests and hobbies. There was a positive approach to risk taking and staff strived to engage people in new activities and opportunities.

Staff were positive about their role and shared the registered manager's values in providing person centred, open and inclusive care. Staff were clear about their role and responsibilities. Accountability and oversight structures and good governance systems were in place. These continually monitored the quality and safety of the service.

People, relatives and staff received opportunities to give feedback and this was used to develop the service. The provider and registered manager had met their registration regulatory requirements.

Rating at last inspection

The last rating for this service was good (published 1 July 2017). Since this rating was awarded, the registered provider of the service has changed its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oxclose Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Oxclose Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

Before our inspection, we reviewed information we held about the service. This included information received from local health and social care organisations. We reviewed statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted commissioners and local Healthwatch for any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one visiting relative about their experience of the care provided. We spoke with five members of staff, this included the registered manager, a team leader and three support workers. We reviewed a range of records. This included parts of two people's care records. We reviewed how medicines were managed and staff were recruited, trained and how incidents were managed and the checks on quality and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke to another relative and included their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. Relatives told us they felt their family member was cared for safely and had no concerns about their safety. Comments included, "I can sleep at night knowing [name] is well cared for by excellent staff."
- Staff had received safeguarding training and the provider had a safeguarding policy staff were aware of.

Assessing risk, safety monitoring and management

- People received safe care and treatment; their care needs had been assessed and were regularly monitored. Support plans and risk assessments had been developed where required with external healthcare professionals or the provider's internal clinical team who supported staff. These provided staff with detailed guidance of people's individual care needs.
- Relatives were very complementary about how staff managed risks related to their family member's complex health conditions. Feedback reflected written compliments the staff had received during 2019. For example, a relative had said, "I thank every member of staff for their standard of care, and their positive attitude which has extended [name's] life and provided them with some quality of life."
- Staff demonstrated detailed awareness and knowledge about people's care and treatment needs. We saw they safely, effectively and competently followed people's support plan guidance in keeping people safe, comfortable and well.
- The registered manager told us how staff had a positive approach to risk taking. Comments included, "We want people to experience the same as everyone else. We have to plan activities, but we go to open (public) access events and will give most things a try, ice skating is a favourite for some people."
- Internal health and safety checks and monitoring of the environment were regularly completed. This included fire safety, personal emergency evacuation plans were available. Risk associated with legionella were also monitored. Clinical equipment and moving and handling equipment including specialist beds, mattresses and wheelchairs were regularly serviced and monitored for safety.

Staffing and recruitment

- A stable and experienced staff team were deployed to meet people's individual needs. Any staff shortfalls were covered by staff and the registered manager.
- Staffing levels were flexible. For example, additional staff were rostered to support people with appointments. Staff also stayed with people during a hospital admission to assist in providing continuity and consistency in care.
- People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support.

Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. Staff also had competency assessments completed to check they followed national best practice guidance.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training to prevent and control the spread of infection and demonstrated a good understanding of best practice guidance.
- Staff had a supply of protective equipment such as aprons and gloves and were seen to use these when required.
- We found the service to be visibly clean and free of malodour. The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

Learning lessons when things go wrong

- There was a system in place to record and monitor accident and incidents. These were recorded electronically to enable senior managers to review them and have oversight. Lessons learnt were used to reflect what improvements could be made to reduce further risk.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed using best practice guidance assessment tools and current relevant legislation. This included how care needs were managed in relation to skin care, nutrition and oral healthcare. People's diverse needs were also assessed and planned for to ensure people did not experience any form of discrimination.
- Staff demonstrated a good understanding of the standards of care required. Due to people's complex health and physical care needs, close monitoring by staff was essential for people's health and well-being.
- Staff responded well to people's care needs. They included people in choice making, gave explanation before providing care and were organised. Care was continually provided to a high standard, which was based on best practice guidance and reflected people's support plans.

Staff support: induction, training, skills and experience

- A person told us they were happy with the support they received from staff, who they said were all good and understood their needs. Relatives were very complimentary about the competency of staff and this reflected compliments staff had received from relatives. In feedback received during 2019 a relative provided staff with the following feedback; 'I can say hand on heart that the staff here at Oxclose are some of the best staff I've seen. They are well trained compassionate people.'
- People were cared for by staff who had received an induction and ongoing training and support, individual to their specific care needs. Staff received regular opportunities to discuss their work, training and development needs.
- The registered manager told us, and records confirmed, observation and assessment of staff practice was completed in a variety of areas. This approach along with discussions in staff supervision meetings, ensured care standards were maintained.
- Staff were positive about the support they received. A staff member said, "We have regular meeting with the manager, but we can go to the office anytime to discuss anything. We have regular staff meetings and ways to share information, we feel involved, listened to and can make changes."

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

- People's nutrition and hydration needs were assessed, monitored and met in accordance with their individual care needs. Independence was promoted in the use of adapted cutlery and crockery. This supported some people to eat and drink independently or with minimal assistance from staff.
- Where people were able to eat orally, they were involved in menu planning. We saw how staff effectively engaged with people offering choices with meals and drinks. They positioned people in their wheelchairs to enable them to be a part of the meal preparation. Mealtimes were a social opportunity for people and staff

to spend time together.

- Some people received enteral feeding, this meant they received nutrition via a tube direct into their stomach. Staff worked with external healthcare professionals and followed recommendations and guidance in the support people required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information about people's care needs were effectively shared with other agencies to support people to receive consistent care.
- A hospital passport was used to share information about a person's health and care needs. Also, the service participated in the Red Bag scheme. This is a collaboration between care homes, hospital and ambulance staff in improving information sharing.
- The registered manager told us how they had worked with a learning disability hospital liaison nurse when a person received inpatient care. This was successful in ensuring the person's care and health needs were known and understood by other clinicians.
- Relatives told us staff were responsive to any changes in their family member's health. This included seeking health care advice and requesting assessments and health appointments when needed. People's care records confirmed they were supported to access health services such as the dentist and to attend outpatient appointments. Staff worked with a variety of health care professionals and specialists external to the service and within the origination.
- A person's healthcare needs had recently changed, and the registered manager told us how staff had supported the person to adjust to this change. This included providing explanation and reassurance and demonstrated a good example of dignity and respect towards the person.

Adapting service, design, decoration to meet people's needs

- The internal and external environment met people's individual needs and preferences. People's bedrooms were decorated to reflect their personal preferences and personalities in terms of colour and design. Sensory equipment provided visual, sound and tactile stimulation.
- A relative told us how their family member's ensuite was being changed from a shower to a specialist bath, because this was more suitable to their care needs and preference.
- Corridors were wide to easily accommodate wheelchairs, and decoration was bright, tactile and stimulating. Bedrooms were large with an individual ensuite and equipped with ceiling track hoist.
- People had access to a large summerhouse which was being developed into a vintage tea room. This provided an extra place for people to spend their time or entertain their relatives and friends when visiting. Garden wind chimes also provided people stimulation when in the garden.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the principles of the MCA and DoLS. Staff had received MCA and DoLS training. A staff

member said, "We assess whether a person has capacity to make a specific decision, we have to consider what's in the person's best interest and make sure decisions are least restrictive."

- We saw examples of MCA assessments and best interest decision documentation in relation to the administration of medicines, managing people's finances and care intervention.
- Where people had an authorisation in place, there were no conditions attached. Staff were provided with guidance about DoLS authorisation and the expiry of these.

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were cared for by staff who were kind, caring, compassionate and went above and beyond what was expected of them. The positive and can do approach of staff was empowering to people, and enabled them to live a an active and fulfilled life without discrimination. Staff showed great dignity towards people, recognising their individual qualities and need for care to be tailored to each person. Staff told us about people's different personalities and how they altered their approach when providing care. For example, one person liked staff to be bright, bubble and loud, whilst another person preferred a quite and calm approach. We saw how staff changed their approach dependent on the person they were supporting.
- Feedback from relatives about the care, approach and dedication of staff was consistently exemplary. Comments included, "Staff are very loving and go beyond and above in what they do for people. It's not like a normal care home because the staff care so much, it's clear it's more than just a job to them." Another relative said, "This is like my second home, the communication is excellent with staff. I can't speak highly enough of staff."
- Compliments received by staff from relatives during 2019 confirmed staff were held in exceptionally high regard and care was consistently of a very high standard. Feedback received included, 'It's (Oxclose Lodge) like a family unit, rather than an institution, the staff go beyond what would be expected of any employee. I have a total respect and admiration for all the staff. [Name] could not be in a better place.' Another compliment said, 'It is of my opinion that care combines many things not just personal care, Oxclose staff provide this and is not a care home it is friendly, warm, loving home for people who live there and how it should be.'
- A person told us, and observations of their interaction with staff, demonstrated they had formed strong, positive and equal relationships. This was confirmed by the person's smiles, laughter and jovial exchanges they had with staff. It was clear there was mutual respect.
- Staff were very positive about their role and spoke compassionately about the people they cared for, demonstrating great empathy, sensitivity and a real wish and dedication to provide the best care they could. A staff member said, "I love my role, it brings me a lot of joy. We have a fantastic staff team who all care and want the best for people."
- Staff worked above and beyond their working hours. We overheard two staff talking about arranging and supporting people to participate in a community activity. Both staff agreed to work on their days off, this was by choice and something staff told us they regularly did because they wanted to. The registered manager equally spoke exceptionally highly of the staff. They described staff by saying, "The staff team are amazing, I trust them whole heartedly."

- Staff were constantly seeking new opportunities and experiences for people. They strived to enable people to lead active and fulfilling lives and to be active citizens of their community. Many photographs were displayed showing people smiling, relaxing and participating in a variety of community activities. This included themed celebration events such as Valentines day and many day trips and leisure and recreational activities.
- Sensory stimulation was important to people and staff supported people to visit their local library to borrow interactive books. Trips to the theatre and concerts were a regular favourite and staff used these opportunities for people to fully engage with members of the public. Staff told us how at the weekend a person had been supported to see a live show at the theatre and how they met the performers afterwards. When staff talked about this, the person responded with a smile demonstrating the memory was a happy one.
- People were supported to maintain contact with their relatives and were supported during times of bereavement. For example, staff had developed a memorial for a person who had experienced a family loss. This person had also been provided with bereavement counselling. Staff supported this person to re-establish family contact with another relative, who staff regularly supported them to visit.
- People living at the service had experienced a bereavement during 2019 of a person they had lived with. Following this loss, the registered manager ensured people were fully supported and the service was closed to visitors, apart from family and friends for two weeks. This enabled staff to have dedicated time to provide additional support. A memorial was created in the garden for people to spend time with their own memories of their friend. Cushion covers of the person's clothing was made as a way for people to have that ongoing connection and memory of the person.

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

- Staff respected the importance of people receiving opportunities to be involved in their care as fully as possible. Three out of four people did not use verbal communication to express themselves. Staff had developed a great understanding of people by interpreting their body language, gestures, behaviours and vocal sounds. Staff were able to give examples of what people were expressing, this took great patience, dedication and in-depth knowledge.
- An independent advocate visited the service on a regular basis. They supported people by ensuring their fundamental human rights and independence was respected and upheld at all times. Support was provided in a range of areas such as; supporting and attending meetings, involvement in discussions and decisions about people's care and treatment and activities. This demonstrated the commitment of the provider and staff in enabling people to be involved in the service.
- A person told us staff spoke with them and included them in discussions about their care. Relatives confirmed they were consulted and involved in their family member's care and treatment.
- The registered manager told us they were looking at ways of developing greater inclusion of people in their care. They told us how they had plans to purchase a dicta phone to record meetings and play back to a person, who they knew responded well to assistive technology used in this way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples' needs, preferences and what was important to them in how they received their care was assessed and planned for. This included guidance for staff of people's preferred routines. A person told us they went to bed when they chose to and got up when they wished. People's preference to morning or evening showers or baths were also planned for. People's preferences were recorded regarding the gender of care staff who supported them with personal care.
- Support plans were developed and reviewed with the involvement of the person and or their relative or representative. In some instances, healthcare professionals were involved in support plans to ensure staff had specific guidance about managing people's health conditions. Staff told us they guidance was detailed and supportive.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and planned for. Staff had detailed guidance about people's communication and sensory needs. Staff demonstrated a good understanding of people's support needs and we saw positive interactions and engagement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People led active and fulfilling lives, they were supported to participate in activities, interests and hobbies they enjoyed. Staff strived to identify new experiences for people to try. An example of this was a person had tried horse-riding but decided not to continue with this. Another person had recently enjoyed a day at a health spa.
- A therapy dog visited the service most days. People attended a hydrotherapy session for physical exercise. Some people completed other exercise or followed physical treatment plans in the management of their health conditions. However, these were seen as positive opportunities for social engagement and social stimulation.
- People accessed their local community most days. A person told us how they liked to go shopping, they told us the shops they enjoyed going to and what they liked to spend their money on. On the day of our inspection, a person was supported by staff to attend a health appointment. Two people spent time with staff in the garden and then went for a walk in the local community. Two people enjoyed a foot massage.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was available for visitors. A person told us they would talk to staff if they had any concerns or complaints and knew who the registered manager was.
- For people who were unable to advocate for themselves, they either relied on their relatives or the visiting advocate to raise anything on their behalf. Relatives told us they had not had reason to make a complaint but would do so if required.
- The complaints log showed no complaints had been received since our last inspection and this was confirmed by the registered manager.

End of life care and support

- At the time of our inspection no person was receiving end of life care. One person had an end of life support plan that informed staff of their end of life care wishes. The registered manager told us, and records confirmed, relatives had been approached to discuss end of life care for their family member. Due to the sensitivity of these discussions, this had not been completed, the registered manager was aware of this and was working with relatives in seeking this information.
- The registered manager told us staff had not received end of life care training, but this would be provided when required, and would be individual to the person's care needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and treatment from a dedicated staff team who had a person centred and inclusive approach.
- The registered manager had a clear vision and set of values for the service that was based on people receiving care that was individual, responsive and inclusive. Staff equally shared these values, and this was demonstrated in how they cared for people and their attitude and behaviour.
- The registered manager strived to continually drive forward improvements at the service and was proactive and innovative. Examples of this was how they had a positive approach to risk taking. They showed enthusiasm and commitment in developing opportunities for people's to lead active and fulfilling lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they found the registered manager approachable, supportive and kept them informed about their family members care.
- Staff were positive about the support they received from the registered manager. There were regular staff meetings and staff told us they felt valued and listened to.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to reduce incidents from reoccurrence.

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

- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people. Staff confirmed they had access to this information.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle-blowers are employees, who are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct within a service or organisation, either private or public.
- There was a system of audits and processes in place that continually checked on the quality and safety of people's care. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and incidents to ensure the service complied with legislative requirements and promoted best practice.

- The services regional director and provider's quality manager completed additional management audits. This meant there was clear accountability and oversight of the service.
- The provider submitted notification of incidents to CQC when required.

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

- People were involved as fully as possible in their care. Relatives were positive how they were involved and consulted in their family member's care. On the day of our inspection a person's relatives came to decorate their ensuite. This was by choice and was important to them.
- House meetings and feedback questionnaires were used to seek feedback about the service.
- The commissioning by the provider for an independent advocate to visit the service, demonstrated an open and inclusive approach in ensuring people's diverse needs were known, understood and acted upon.
- Staff told us they were fully involved in the development of the service, they felt very supported by the registered manager.

Continuous learning and improving care

- The provider had a service improvement plan, which included actions identified through internal audits and checks. This told us the provider had procedures and systems in place to continually drive forward service improvements
- The registered manager told us how they attended internal and external meetings and forums. These encouraged the sharing of best practice and learning.

Working in partnership with others

- The staff had developed positive links with external health and social care professionals. Staff worked with specialist healthcare professionals in the ongoing care and treatment of people's health conditions. The joint working ensured people received safe and effective care and treatment. Staff were responsive and accessed external support quickly when required.
- People were part of their local community. A positive relationship had been developed with neighbours. One of which had developed a ramp access in their garden to enable people to visit and collect apples from their apple trees. People were also supported to access community facilities and attractions.