

# Parkcare Homes (No.2) Limited

## Newtown (65a)

### Inspection report

65a Newtown  
Trowbridge  
Wiltshire  
BA14 9AA

Tel: 01225777728

Date of inspection visit:  
13 December 2017

Date of publication:  
25 January 2018

### Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This inspection took place on 13 December 2017 and was unannounced.

65A Newtown provides care and support for three people who have autistic spectrum disorder and 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

A registered manager was 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.

There were people that used non-verbal language. While their communication plans stated they used pictures and object of reference to communicate, their care plans and information was not in their preferred method. For example pictures. The registered manager said equipment was now available to provide information in picture format.

Quality assurance systems were in place and where shortfalls were identified action plans were developed to meet the set standards. While audits had identified people's views were not formally gathered action had not been taken to introduced on how to gain feedback about the service. processes.

We observed the people at the service accepted staff support and approached staff for attention. The staff we spoke with said they had attended safeguarding training. They knew how to identify abuse and the procedures for reporting their concerns.

Risk assessments were in place for people with medical conditions such as epilepsy and for people that showed anxiety through verbal and physical aggression. Action plans gave staff guidance on the actions to take to ensure people were protected from harm and were able to take risks safely. Staff were aware of the actions needed to minimise risks to people.

Incident and accidents reports were completed and analysed for patterns and trends.

Staff told us there was some lone working but mainly two staff were on duty. The rota showed that two staff were on duty during the day and at night there was one waking staff. The registered manager said two staff

were mainly on duty to allow for people to go out during the day and evening.

Medicines were audited which included the stocks held and medicines ordered. We saw medicine administration records (MAR) were signed to indicate medicines administered. Some people were prescribed 'as and when required' (PRN) medicines for pain and to reduce agitation. We saw for one person the medicine care plan stated that the person may not tell staff when they were in pain and staff needed to look for changes in behaviour as the person may be in pain. The member of staff took immediate action and included how staff were to identify the person was in pain into the support plan.

Staff told us the training was good. There was mandatory training which staff we spoke with said they had attended. One to one supervision was with the line manager. The member of staff on duty had not had regular supervision although the line manager had made attempts to organise them. The registered manager said this was to be addressed. Discussions with the member of staff were to take place.

Staff knew the day to day decisions people were able to make. We saw people's capacity to make decisions about their care and treatment was assessed. Where people lacked capacity best interest decisions were taken.

The people at the service had support with their healthcare needs. People were registered with a GP and had annual health checks. There was specialist support from epilepsy nurses and psychiatrists. Hospital passports were in place which included key information to medical staff on how to care for people in the event of an admission.

We saw good interactions between people and staff. Staff knew people well and ensured objects were positioned in a way that supported people's need for structure and routine. Members of staff guided inspectors to ensure people's need for consistency was not disturbed. For example, allowing one person to carry out a task undisturbed in the kitchen.

Care plans were person centred. One person told us sometimes they looked at their care records. Care plans included people's preferences, their ability to manage their care and the support needed from the staff. Arrangements were in place for people to have in-house activities, one to one outings and trips in the local community.

The complaints procedure was kept in people's files. The procedure was in accessible format.

We made recommendations about people's accessible information and about ensuring feedback from people is gathered.

## 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 consistently safe.

Medicine systems were safe.

Risks were identified and action plans were developed on minimising the risk. Members of staff were knowledgeable on actions necessary to reduce risks.

There were sufficient staff to support people and we observed that staff were visible and available to people.

Staff knew the types of abuse and their responsibilities to report any concern.

### Is the service effective?

Good ●

The service was effective.

Staff enabled people to make choices. People's capacity to make complex decisions was assessed and best interest decisions were taken with the person and their relatives where appropriate.

The staff had the skills and knowledge needed to meet the changing needs of people.

People's dietary requirements were catered for.

### Is the service caring?

Good ●

The service was caring

People were treated with kindness and with compassion. We saw positive interactions between staff and people using the service. Staff knew people's needs well and how to reassure them when they became distressed.

People's rights were respected and staff explained how these were observed.

### Is the service responsive?

The service was not fully responsive

Care plans were person centred. The care observed was consistent with the care plan guidance. Care plans were not in picture format for people that used this method of communication.

People had access to community and in-house activities. People were supported to maintain contact with relatives.

Complaints procedures were in picture and words format.

**Requires Improvement** ●

### Is the service well-led?

The service was well led.

Quality assurance systems were in place which enabled the service to continuously improve. However, the views of people were not gathered and used to improve services.

Staff were aware of the values of the organisation. They said the team worked well together

**Good** ●

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## Detailed findings

### Background to this inspection

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We observed the people at the service accepted staff support and approached staff for attention. The staff we spoke with said they had attended safeguarding training. They knew how to identify abuse and the procedures for reporting their concerns.

Risk assessments were in place for people with medical conditions such as epilepsy and for people that showed anxiety through verbal and physical aggression. Action plans gave staff guidance on the actions to take to ensure people were protected from harm and were able to take risks safely. Staff were aware of the actions needed to minimise risks to people.

Incident and accidents reports were completed and analysed for patterns and trends.

Staff told us there was some lone working but mainly two staff were on duty. The rota showed that two staff were on duty during the day and at night there was one waking staff. The registered manager said two staff were mainly on duty to allow for people to go out during the day and evening.

Medicines were audited which included the stocks held and medicines ordered. We saw medicine administration records (MAR) were signed to indicate medicines administered. Some people were prescribed 'as and when required' (PRN) medicines for pain and to reduce agitation. We saw for one person the medicine care plan stated that the person may not tell staff when they were in pain and staff needed to look for changes in behaviour as the person may be in pain. The member of staff took immediate action and included into the support plan how staff were to identify the person was in pain. .

Staff told us the training was good. There was mandatory training which staff said they had attended. The staff member said that one to one supervision was with the line manager. The member of staff on duty had not had regular supervision although the line manager had made attempts to organise them. The registered manager said this was to be addressed. Discussions with the member of staff were to take place.

Staff knew the day to day decisions people were able to make. We saw people's capacity to make decisions about their care and treatment was assessed. Where people lacked capacity best interest decisions were taken.

The people at the service had support with their healthcare needs. People were registered with a GP and had annual health checks. There was specialist support from epilepsy nurses and psychiatrists. Hospital passports were in place which included key information to medical staff on how to care for people in the event of an admission to hospital.

We saw good interactions between people and staff. Staff knew people well and ensured objects were positioned in a way that supported people's need for structure and routine. Members of staff guided inspectors to ensure people's need for consistency was not disturbed. For example, allowing one person to carry out a task undisturbed in the kitchen.

Care plans were person centred. One person told us sometimes they looked at their care records. Care plans included people's preferences, their ability to manage their care and the support needed from the staff. Arrangements were in place for people to have in-house activities, one to one outings and trips in the local community.

The complaints procedure was kept in people's files. The procedure was in accessible format.

We have made recommendations about ensuring information is in an accessible format and about ensuring feedback from people is gathered

## Is the service safe?

### Our findings

Systems were in place to safeguard people from abuse. Staff said they had received training on how to prevent people from avoidable harm and abuse. The training matrix provided showed staff had attended this training. The member of staff we spoke with knew the types of abuse and the expectation they report concerns. People had access to the safeguarding of adults procedures which were in picture and words format and detailed the actions people could take if they have been abused. For example, tell staff, write text or email and "Speak out Safely".

Risks were assessed and actions were taken to minimise risks. The risk management policy stated that, 'risk assessments can also apply to a specific individual, covering such areas as moving and handling, risk of physical harm (such as choking, falling or self-harm), security risks (such as absconding) or use of display screen equipment'. A member of staff said where risks were identified risk assessments were devised. This member of staff knew the actions needed to minimise the risk of harm to people. They said risk assessments were in place for areas such as epilepsy and for people who at times showed anxiety through aggression. Risk assessments detailed the measures in place to minimise risks and for people to take risks safely. For example, the road safety risk assessment for one person stated the person may attempt to cross the road if they encountered a dog. Guidance for staff specified the person should walk on the inside of the pavement to avoid them attempting to cross the road without looking.

Where people experienced seizures risk assessments were in place. One person identified as high risk of seizures had a risk assessment that detailed the type of seizure, the health care professionals involved and the prescribed medicines for the condition. Epilepsy profiles and emergency management plans for one person described the symptoms of a seizure, the types and actions to be taken by the staff for each type of seizure. Profiles were signed by the GP and community nurse.

Behaviour management plans were in place for people that may use verbal and physical aggression to express anxiety and distress. The training matrix confirmed staff's comments that they had attended positive behaviour support training. A member of staff said diversion techniques were used when people showed signs of aggression. They said a consistent approach was used by the staff team to manage aggressive situations. Staff told us they, "reassured the person, we sit with them and talk to them".

The behaviour management and support plans for one person listed the behaviours the person may present when they were anxious. For example, swearing, hitting and pushing others. The triggers that identified when the levels of anxiety were escalating were also detailed. For example, delays, cancelled visits and lack of activity. The support plans specified for staff to support the person to maintain their usual behaviour as it was important to have structure because the person preferred routines. It was also made clear to staff that before the person became physically or verbally aggressive signs and triggers of escalating anxiety were presented. When the person showed signs of increased anxiety and aggression the distraction techniques documented included supporting the person to move to a quieter area when the person showed signs of increased anxiety and aggression .

Personal Emergency Evacuation Plans (PEEP) were in place for people. They recorded the person's ability to leave the building safely, the assistance needed from the staff and the number of staff needed. For one person the PEEP stated the person responded to the sound of an alarm and needed guidance and reassurance to leave the property safely. When the person showed signs of panic the staff were to link arms with the person.

Staff documented accidents and incidents. Reports showed that one person was involved in three incidents which included aggressive and inappropriate behaviours. The causes of incidents were consistent with the triggers identified which included new staff working at the home. For another person there were five incidents of threats towards staff and action was taken to prevent further reoccurrences.

Staffing levels ensured people were well supported and their needs met. A member of staff said two staff were on duty during the day and at night one member of staff was on duty and awake. The rota in place confirmed the comments made by the staff. During the inspection there were two staff on duty. One person and a member of staff had a one to one activity arranged and went out for lunch. Two people stayed at the home with one member of staff.

Medicine systems ensured proper and safe use of medicines. Medicine procedures gave staff guidance on the processes to be followed for the safe administration of medicines. For example, ordering, administration and disposal of medicines. Medicines were stored securely and the temperature of the cabinet was monitored. A record of medicines received and carried forward was maintained on the Medicine Administration Records (MAR).

MAR files included the person's photograph to help staff to recognise people. There was also additional information such as known allergies and how the person preferred to take their medicines. Staff signed the MAR to indicate the medicines had been administered. When people were prescribed supplementary medicines for administration as required (PRN) protocols were in place to guide staff about when people might require them.

Medicine care plans detailed the assistance needed by the person to take their medicines. For one person the importance of consistently taking their medicines was detailed and also how the person preferred to take their medicine. Protocols for PRN medicines for one person stated the purpose of pain relief was for "changes of behaviour or showing signs of pain" and "may not tell staff if XX is in pain". However, the signs of pain were not included in the care plan. A member of staff told us the information was to be added that day.

People were protected by practice to support the prevention and control of infection. We saw hand gels were available throughout in the bathrooms. Training records provided showed staff had attended 'Prevention and control of infection' courses. A member of staff told us there were schedules for maintaining the home's cleanliness. This member of staff said there was a rota of specific tasks for the team to complete throughout the day and night. For example, vacuuming and laundry was done during the day. They also said that people were supported with independent living skills and each person had an allocated day each week for cleaning their bedrooms.

## Is the service effective?

### Our findings

Effective systems were in place to make sure staff had the skills and knowledge needed to meet the needs of people at the service. A member of staff said the provider had set specific training courses for staff to attend annually. This member of staff also told us they had attended training specific to the needs of people living at the service. For example, medicines competency, epilepsy awareness and managing complex behaviours.

A member of staff told us one to one supervision was regular but recent meetings had not taken place. We saw attempts had been made by the line manager to arrange one to one meetings with the member of staff. The registered manager said this was to be addressed and discussions with the member of staff were to take place.

People were supported to maintain a balanced diet. For example, the support plans for one person detailed the recommended diets for their medical conditions. A member of staff told us menus were devised weekly with people. People's likes and dislikes and ability to prepare meals were included in the support plans. For example, one person was able to prepare all meals with minimal support from staff. Menus were on display in the kitchen. We saw a wide range of fresh fruit and vegetables, frozen produce such as meat as well as a variety of cereals and tinned foods. Training records showed staff had attended courses on food hygiene and food handling.

People received support with their healthcare needs. The health care plan for one person stated the person was able to make their healthcare needs known to the staff. This person was also able to give consent for minor treatment. People were registered with a GP and had annual health checks. We saw recorded the nature of the GP visit and the advice given. People had access to specialists such as Speech and Language Therapists and regular check-up from dentists and chiropodists.

Hospital passports were in place which included key information for medical staff on how to care for people in the event of an admission to hospital.

The property was a domestic dwelling which blended with the local community. There were minimal adaptations to the home as people were able to move around the home independently. A member of staff said the lounge was recently painted and there were plans to update the kitchen and bathroom. However, carpets in the lounge were soiled and remedial action was needed.

The appropriateness of people moving to the service was assessed. Social Workers comprehensive assessments and mental capacity assessments were in place for one person who moved services within the organisation. Capacity assessment showed the person understood the reasons for the move and was able to make the decision to transfer. While an admission assessment was not carried out before the person's admission care plans were up to date on how the person identified needs were to be met. This person told us they liked living at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People made day to day decisions and their ability to give consent was documented. Staff used people's preferred methods of communication to ensure people were supported with decision making. A member of staff said two people used non-verbal language to communicate. They said people used pictures and Makaton [combination of sign language and pictures] to make decisions. For example, people living at the service made day to day decisions such as menu planning, personal care, medicines and activities.

Where people had capacity to make decision for specific decisions they signed consent forms to share information with other professional, next of kin and relatives. Mental capacity assessments were in place for complex decisions. The assessment established that one person understood the concept of moving services and described how their understanding was tested. This was to ensure the person was making the most appropriate decisions. An additional consideration was that the person, people and staff at the service knew each other. The registered manager also consulted social and healthcare professionals to ensure they agreed with the decision to move. Social and healthcare professionals were consulted and included social worker and Occupational Therapist (OT). The OT's view was that the person would benefit by living in a smaller environment with less people to trigger anxiety levels. The decision reached was that the person had capacity to make the decision to relocate to another service.

Mental capacity assessments were in place for continuous supervision because doors were locked and there was staffing throughout the day and night. Also people were supported in the community by the staff. Mental capacity assessments were also in place for the administration of medicines. Where people lacked capacity best interest meeting took place with the person and relatives as appropriate to ensure the least restrictive decisions were taken.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw applications for continuous supervision were made to the supervisory body which the registered manager reviewed.

## Is the service caring?

### Our findings

We observed people moving around the home and spending time in the lounge and in their bedrooms. A member of staff explained that one person was expressing happiness by their behaviour, for example, jumping. People preferred not to give feedback about their care and made it clear they preferred their routines not to be disturbed.

Staff treated people with kindness and respect. A member of staff said they showed an interest in people and spent time getting to know them. This member of staff also said the staff were patient and offered reassurance and advice when they were supporting people.

A keyworker system [staff assigned to work with specific people system] was operating at the service. A member of staff said they were expected to have one to one time with people and meet on a monthly to discuss the progress made on their goals. Keyworker notes showed people had one to one time with staff and participated in the planning of their care. For example, for one person staff discussed their support plans, health care needs, safety and activities.

The registered manager told us they ensured that staff treated people with kindness and respect. They said suitable staff were employed and that there was a "good mix of staff" working at the home. For example, at interviews staff were asked "if your relative lived in our service how would you like their life to be." Their responses were then judged and often new staff said "treating people with respect, giving people the same opportunities and being happy." Staff were encouraged to complete one page profiles about themselves to ensure the most suitable staff were working in services with people that shared similar interests. The registered manager said staff were skilled, well trained and their work practice was observed to ensure expected standards were followed. The staff built relationships with people, understood them and took time to involve family.

The registered manager also said "It's important that where staff are not working to the standards other staff challenge them." They said the role of registered manager was to ensure staff were "not rushing people, they were giving them space and the right amount of space when they need it". Staff were to encourage "people to be independent and complimenting them when they became independent."

Dignity, Privacy and Choice procedures were in an accessible format that included pictures and were kept in information packs held in bedrooms. The rights of people were detailed for example, 'Everyone has the right to be listened to. Their views and wishes to be respected. People are also responsible for respecting others, everyone has the right to be involved in decisions which are about them, and everyone is different. We should all be respected for who we are' and for privacy it was stated 'is the right for people to have their own space. People have the right to be by themselves. Everyone must respect each other's privacy'.

The training matrix provided showed staff had attended "dignity, respect and person centred care" courses. A member of staff said they respected people's rights and gave us examples such as allowing people space to be in their bedroom and knocking on bedroom doors before entering. This member of staff also told us that people had lockable bedrooms that were single occupancy.

## Is the service responsive?

### Our findings

People's accessible information needs were identified and action plans were in place on how to meet their communication needs. Staff told us and training records showed staff had attended training in Makaton [symbols and signs]. Communication dictionaries detailed the methods used by people. For example, thumbs up for yes and pointing at shoes for going out. For one person their profile stated their preferred method of communication was Makaton, staff were to use simple language or to use visual choices of options available. For another person that used non-verbal language to communicate their support plan stated they used Makaton, objects of reference, vocal sounds and pointing. The action plans gave staff guidance to use basic language, and to ask the person to "show me" when the person was not understood. However, support plans were not in picture format.

Menus were on display in the kitchen and were in picture format. However, the photographs of meals were in black and white and were not easily recognisable. A member of staff told us new printing equipment was purchased to make the menus clearer.

We recommend that the service seek advice and guidance from a reputable source developing care plans and information in picture format.

Care plans were reflective of people's needs and person centred in relation to their physical, mental and social needs. One person said "sometimes" they looked at care plans. People's life story and background history were gathered and for some people included their education and family relationships. A member of staff said care plans were developed and reviewed by staff. They said the care plans held information on how to support people in their preferred manner.

Morning routine support plans described people's preferred routine. For example one person's preference was to have breakfast, followed by their medicines then personal care. Detailed were the aspects of care the person was able to manage for themselves and the support needed from staff to meet their needs. For one person the staff were to provide encouragement for them to focus on each task and to offer assistance with selecting weather appropriate clothing.

People's social preferences were listed within their support plans and we saw that these were implemented. Activity planners were devised and included community activities such as café trips and swimming and in-house activities such as puzzles and independent living training. During the inspection we observed a member of staff and one person organise their activity which included visiting their previous placement to have lunch with people living there.

Staff documented people's daily events which included how they spent their day such as meals and activities. Keyworker meetings with people detailed the monthly discussion about their care and activities. For one person the keyworker notes included their healthcare needs and activities participated in the previous month.

People were supported to maintain contact with relatives and those that mattered to them. The care plan for one person stated that the staff were to assist the person to maintain contact with relatives. We saw specified that staff must arrange visits with relatives and relatives were to be informed about important events such as GP visits. One person told us they kept contact with their relative.

People had access to the complaints procedure. Staff told us copies of the procedure was included in the information pack kept in bedrooms. The complaints procedure was in accessible format which included pictures and words. It stated that the registered manager was to be approached with complaints and they would contact them within a specific time period to discuss their concern. Also detailed were the organisations to contact if they were not satisfied with the outcome of their complaints. The registered manager said there were no complaints received since the last inspection.

## Is the service well-led?

### Our findings

The culture of the home was positive, open and honest. The staff we spoke with were aware of the values of the organisation. They said the organisation "stood for being kind and family values". The values of the organisation were on display and included "Putting people first, Being a family, Acting with integrity, Striving for excellence and Being positive."

The provider recently introduced a governance framework policy for the purpose of "strengthening quality assurance processes" to ensure information was escalated to "regionally, divisionally and group wide level". The registered manager told us monthly meetings were to be chaired by them with staff that had lead roles such as deputy managers, team leaders and maintenance staff. The registered manager also told us governance reports were sent to senior managers for discussion at the quarterly regional meeting. The report of the most recent governance meeting detailed the areas discussed included safeguarding referrals, infection control, health and safety, medicine errors, accidents and incidents. For example, there were 12 incidents across four services and the themes related to one person being unsettled. The minutes also included that people had not been asked for their feedback about living at the service and service user meetings were being used to gain more meaningful feedback about group living issues.

We recommend that the service seek advice and guidance from a reputable source, about the gaining feedback from people about their experiences of living at the service

Arrangements were in place for staff to receive feedback which enabled them to take appropriate action. A member of staff said staff meetings were monthly and at these meetings the registered manager made them aware of policy changes and where issues and concerns were discussed. The minutes of the staff meeting held on the 7 November 2017 took place at the service to discuss specific issues that related to CQC inspection process. A more general overarching staff meeting also took place on 30 November 2017 for the four locations within the registered manager's responsibility. At this meeting Christmas arrangements were discussed, recruitments, supervision and new Key Lines of Enquires (KLOE).

Systems were in place to ensure the quality of the service was monitored and evaluated for continuous improvement. The registered manager said weekly checks of the service assisted them to identify and develop action plans on areas of improvements. They said "creating opportunities for people to be part of the community. Also developing quality assurance systems and working with individual staff to support their skills and knowledge" were areas for improvement.

Arrangements were in place for assessing and monitoring service delivery. Audits to measure and review the delivery of care were effective and included medicines, infection control and care planning. Medicine Audits dated 3/12/2017 detailed the outcome of the audit and where standards were not fully met recommendations were made on the actions needed. For example, the staff responsible for not consistently recording the temperatures of the medicine cabinet were to be identified and made aware of their omissions and medicines were to be dated when opened.

Infection Control Audit dated 26/2/2017 had identified that outcomes were 93% met. It was identified that some staff at times wore nail varnish and nail extensions. The procedure was for staff to wear protective equipment during food preparation particularly when they were wearing nail varnish and nail extensions.

The safeguarding audit dated 30/09/2017 identified all standards were met. Safeguarding processes were monitored through audits. The registered manager said "we talk about lessons learnt including incidents that are outside the service and case studies at staff meetings."

The registered manager told us "staff progression and development sometimes has caused vacancies" but recruitment, retention and attracting the right staff was a challenge. They said the home had a good reputation within the local community which attracted staff.

Links and relationships were strengthened with the local community and external agencies. The registered manager told us they attended provider forums and there were good working partnerships with community healthcare professionals such as behaviour and epilepsy specialists. The registered manager also said they advised external agencies on the support people at the service were to have or to expect from them.