

The Regard Partnership Limited Hillingdon House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 25 and 30 November 2015 and was unannounced. Hillingdon House provides accommodation and care for up to nine people with learning and other disabilities, including autistic spectrum disorder. At the time of our inspection eight people were living in the home. The home is on two floors, with two separate flights of stairs connecting floors. People were able to manoeuvre safely around the home. Those requiring wheel chairs to mobilise had rooms on the ground floor.

The home had a registered manager. 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.

Summary of findings

People were safeguarded from abuse, because support workers understood how to identify abuse, and the actions required to report concerns. Relatives told us they were confident people were safe at Hillingdon House in the care of their support workers.

Risks specific to each person, and generic to the home, had been identified. Actions had been implemented to keep people and others safe from harm.

Staffing levels were sufficient to meet people's identified needs, and support them to attend planned appointments and activities as they wished or required. Recruitment procedures protected people from the risk of support from unsuitable staff.

Support workers were trained to administer people's medicines safely. They followed guidance to ensure people were protected from unsafe handling or storage of medicines.

Support workers completed and updated their training to ensure they had the skills and competence required to meet people's needs effectively. Regular staff supervisory meetings provided the opportunity to discuss concerns and address any identified skills gaps.

Support workers understood and implemented the principles of the Mental Capacity Act 2005. Where people's liberty was restricted to protect them from identified risks, records demonstrated that the required legal process had been followed to put the least restrictive actions in place.

People's dietary needs and preferences were known. Support workers encouraged people to maintain a healthy nutritious diet. People were supported to attend health appointments to promote their wellbeing. Effective liaison with health professionals ensured people's health needs were identified and met.

Relatives described support workers as dedicated and caring. People sought comfort and engagement with staff, indicating they enjoyed spending time with their support workers. Support workers treated people with respect, and promoted their dignity and privacy.

People's support workers understood how they indicated their preferences and wishes, and provided care as they wanted. People were supported to develop meaningful life story records that reflected their monthly experiences and activities. Support plans provided accurate and regularly updated guidance for support workers to meet people's needs and preferences.

The provider's complaints process described an appropriate format to resolve issues and concerns. People's relatives told us they had not had a requirement to use this, as any concerns were addressed promptly before formal actions were required. Satisfaction surveys demonstrated that people and their representatives were content with the care provided.

Staff understood and demonstrated the provider's ethos of supporting people to live fulfilled lives. People's relatives felt involved and listened to when representing their loved ones. Support workers understood how to support people to make their wishes and goals known, and provided care that supported their development and skills.

The registered manager was appreciated and valued by people, their relatives and staff. She listened to comments and provided guidance and support appropriately to develop knowledge and confidence. Internal audits and reviews ensured learning followed from identified issues, and drove improvements to the quality of care people experienced.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns.

Individual risks to people were managed through appropriate assessments and actions as required. Environmental risks affecting people and others were managed safely through checks and servicing to protect people from identified harm.

There were sufficient support workers deployed to meet people's needs and wishes safely. Checks provided assurance that staff were of suitable character to support people safely.

People were protected against the risks associated with medicines, because support workers administered their prescribed medicines safely.

Good



Is the service effective?

The service was effective.

People were cared for by support workers trained and assessed to ensure they supported people effectively. Regular supervisory meetings ensured staff retained and demonstrated the skills required to meet people's needs.

Support workers understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People's dietary needs and preferences were known and met to protect them from poor nutrition or dehydration. Effective liaison with health professionals ensured people's health needs were addressed.

Good



Is the service caring?

The service was caring.

People said they liked their support workers, and relatives described staff as caring and dedicated.

People were not rushed for responses, and support workers listened to and respected their decisions.

People's dignity and privacy were respected and promoted by the staff who supported them.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and reviewed with them to ensure changes were identified and managed responsively.

People were supported to engage in activities that were important to them, including access to the local community.

People and their relatives were aware of how to raise complaints, and the provider's procedures provided an appropriate format to resolve issues.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The provider's ethos of supporting people to live fulfilled lives was demonstrated in the care people experienced.

The registered manager was respected and appreciated by people, their relatives and staff. People and staff were empowered to develop confidence and skills under her guidance and support.

People's and their relatives' views, internal audits and care reviews drove changes and improvements to the quality of care provided.

Good



Hillingdon House

Detailed findings

Background to this inspection

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

The inspection took place on 25 and 30 November 2015 and was unannounced.

Before the inspection we looked at previous inspection reports and notifications that we had received. A notification is information about important events which the provider is required to tell us about by law. We did not request a Provider Information Review (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed what would have been included in the PIR with the registered manager during our inspection. We used all this information to review the quality of care people experienced.

During our inspection some people were unable to tell us about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home. We spoke with one person living at Hillingdon House, and five people's relatives or advocate to gain their views of people's care. We spoke with the registered manager, deputy manager and three support workers during our inspection.

We reviewed three people's support plans, and medicines administration records (MARs) for all eight people. We looked at three support workers' recruitment and supervision files, and the staff roster from 24 October to 27 November 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how people's, relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

We last inspected this service on 6 March 2014, and did not identify any areas of concern.

Is the service safe?

Our findings

Relatives told us “Without a doubt” people were safe in the care of support workers at Hillingdon House. A leaflet entitled ‘Say no to abuse’, provided in a format appropriate for people to access, helped people to understand the actions they should take if they felt at risk of abuse. Support workers understood how to safeguard people, because training and guidance ensured they were aware of the requirements to identify and report any suspicions of abuse. Support workers told us they were confident that the registered manager would take appropriate actions if they raised concerns. The provider’s whistle blowing policy explained how support workers should escalate their concerns if they felt people remained at risk of abuse because effective action had not been taken to make people safe. People were protected from abuse, because support workers understood and followed actions to keep them safe.

Risks specific to each individual had been identified, reviewed and addressed appropriately. Where people were at risk of self harm due to their behaviours, support workers ensured they wore protective garments to reduce the risk of harm, and gently reminded people of the impact of their actions. A support worker told us they had to be “On the boil” to protect one person from harm due to their behaviours. They explained the measures in place to support this person’s safety. This included monitoring their whereabouts in the home. Support workers understood the person was agitated when constantly observed, and they were supported discreetly to ensure they were kept safe. The person required protective equipment during periods of anxiety. The registered manager explained the person did not want to wear the equipment originally provided. They had researched alternative equipment to find protection that was suitable for the person’s needs, and that they were content to use. This demonstrated that staff worked with individuals to manage known risks safely.

Positive risk taking ensured that people’s independence was promoted without placing them at risk of harm. For a person who experienced epileptic seizures, monitoring equipment alerted support workers in the event of a seizure during the night. This reduced the amount of disturbance they experienced during night checks. Training

and guidance ensured support workers understood the actions required to manage this person’s wellbeing in the event of a seizure. Their safety was appropriately managed to protect them from harm.

The registered manager and support workers told us required repairs were prioritised across the provider’s services, and were attended to promptly. People were involved in completing health and safety checks in the home. For example, they helped support workers check the home for trip hazards, clutter and poor lighting, to ensure people and others were not at risk of harm caused by an unsafe environment. Risk assessments protected people, visitors and support workers from generic risks such as trailing cables, wet floors and water scalding. Actions to address identified risks, such as winding up cables, using signage to alert to danger and checking water temperatures, ensured people and others were protected from known risks.

Equipment and utilities were serviced and checked in accordance with manufacturer’s or service guidance, to ensure people and others were protected from risks associated with faults. For example, a gas safety check had been completed in July 2015, and fire extinguishers were serviced in February 2015. The fire evacuation plan was provided in a format appropriate for people to reference, and people were involved in drills to inform them of the actions required in the event of a fire in the home. Appropriate actions protected people from identified risks in the home.

Relatives told us there were sufficient staff on duty. One relative commented “What I like is there’s a strong core of staff who know people well. They have been there long term”. This meant support workers had developed an understanding with people. Another relative told us staffing levels “Felt about right” because people got the attention they wanted and were supported to go out when they wished.

We observed there were sufficient support workers to take people to planned activities throughout the day, and maintain the level of support workers in the home to meet the needs of people who chose not to go out. Support workers worked flexibly to ensure people were supported safely. One support worker told us “I like the changes, it makes the job”.

Is the service safe?

The work rosters we viewed highlighted planned activities and staff training dates, to ensure that sufficient staff were available to meet all planned events. A named responsible senior was available to address any unexpected events, provide advice day or night and cover short notice absence out of hours. The roster demonstrated that short notice absence had been covered to ensure that minimum staffing levels were met. There were sufficient staff deployed appropriately in the home to meet people's identified needs.

The provider's recruitment process ensured that applicants were of suitable conduct to safely support people. Review of disclosure and barring service (DBS) checks ensured criminal record checks identified applicants unsuitable for the role of support worker. A tracker document prompted the registered manager to review staff's DBS every three years. This ensured any concerns following employment would be identified.

Applicants' employment history was reviewed to identify any unexplained gaps. Where these had been identified, records demonstrated that the reasons for these had been discussed, to the registered manager's satisfaction. Other employment requirements, such as evidence of suitable conduct in previous health and safety roles, had also been sought and considered. These measures ensured that people were protected from care by unsuitable staff.

All support workers had been trained to administer rescue medicines for people to protect them from known risks caused by health conditions or allergies. Rescue medicines are prescribed medicines used to protect people from

known conditions by counter-acting indicators of ill health, such as seizures. This ensured that people were safe with any support worker who took them to attend activities or appointments.

People's regular prescribed medicines were administered by senior support workers. Two support workers administered medicines together, to reduce the risk of errors. They understood and followed people's preferred routines for administering medicines, for example in the order medicines were offered. Medicines were stored safely in locked cabinets in people's rooms.

People's medicine administration records (MARs) were colour coded to guide support workers to administer medicines at the correct time. We reviewed the MARs currently in use, which demonstrated that people had received all their prescribed medicines at the correct time. Any known allergies to medicines were highlighted to ensure people were protected from known risks.

Medicines prescribed for use as required, known as PRN medicines, were available for use as people needed, for example to manage pain or seizures. Guidance and training for support workers ensured they understood the procedure to follow to administer people's PRN medicines safely. For example, it noted how people indicated when they were in pain, when PRN medicines may be affected by other prescribed medicines, and the maximum safe dose over a 24 hour period. Homely remedies are medicines people use that are not prescribed. The GP had reviewed and authorised people's homely remedies to ensure they did not put people at risk of harm due to adverse reactions with their prescribed medicines. People were protected from the risk of unsafe medicine administration.

Is the service effective?

Our findings

A relative told us support workers “Know what they are doing. I think they know more than I ever did” to meet their loved one’s needs. Support workers told us they completed and refreshed training to support people effectively, and attended practical training in subjects including epilepsy care and fire safety. This ensured staff understood the requirements to protect people from known conditions that affected their health and wellbeing. The registered manager’s training log confirmed all required training was up to date.

Support workers told us they were able to request additional training to ensure they had the skills required to meet people’s specific needs. Two support workers spoke positively of autism training they had recently attended. They explained to other support workers that it had provided them with ideas to meet individual’s needs more effectively. Training provided support workers with the skills and knowledge they required to meet people’s needs effectively.

Staff competence was checked through observation, for example to ensure they administered people’s medicines safely. The registered manager worked alongside support workers on occasion, and this provided her with an opportunity to review support workers’ skills when supporting people. This ensured support workers were able to effectively meet people’s needs.

Guidance on topics relating to people’s health conditions or areas of care, such as Downs Syndrome, epilepsy and the MCA 2005, was available for staff reference in the registered manager’s office. This ensured support workers were able to reference information to ensure they understood how to meet people’s varied needs.

The registered manager explained how supervision meetings were held monthly, with additional supervisions as necessary to address specific issues or concerns. Support workers confirmed that they attended monthly supervision meetings, and records demonstrated that training, concerns and aspirations were discussed at monthly supervisory meetings. Support workers were effectively supported to ensure they developed and retained the skills required to meet people’s needs.

Minutes from monthly staff meetings evidenced checks of understanding of learning, sharing of information and discussion of issues and concerns. This provided a format to ensure people experienced care and support that effectively met their needs.

A relative told us people had “The right amount of freedom and decision-making”. Support workers explained how they understood how people demonstrated their choices. Some people were able to verbally inform them of their wishes, but others indicated their preferences through gestures, facial expressions and vocalisations. Support workers used pictures of reference to inform people’s choices. One support worker told us “We keep showing people options, we negotiate and explain choices” available. Support workers checked with people that their understanding was correct, to ensure people received the care and support they wanted. We observed that when people declined support, their choice was respected.

One person was represented by an advocate. This is someone who knows the person well, and is able to speak on their behalf when they are unable or unwilling to make their wishes known directly. The person’s advocate assisted them to make their wishes known, and represented them when a best interest decision was required.

The Mental Capacity Act (MCA) 2005 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 decision made on their behalf must be in their best interests and as least restrictive as possible.

Support workers completed and refreshed training in the MCA 2005, and understood how to implement the principles of the Act. One support worker explained this as supporting people “To make decisions, and allowing unwise decisions”. Support workers followed people’s wishes.

Documents evidenced that people had been assessed to identify whether they lacked the mental capacity to make specific decisions regarding their care or welfare. Those involved in their care, such as relatives, advocate, health professionals and their keyworker, made a best interest decision on the person’s behalf if they were assessed as lacking capacity to make an informed decision for

Is the service effective?

themselves. A keyworker is a support worker responsible for maintaining communication and records for a named person in their care. They know the individual well. The GP had reviewed people's medicines, and made best interest decisions where appropriate to ensure people received their required medicines to manage known health issues. People were lawfully represented by people who cared about and promoted their wellbeing.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether Hillingdon House was working within the principles of the MCA 2005.

The front door was kept locked to protect people from potential dangers outside the home, as people were not able to recognise the risks from road traffic. Other restrictors to their freedom, such as the use of seat belts on wheelchairs, and constant supervision to protect them from unobserved falls or seizures had been identified. The registered manager had made DoLS applications for each person living at Hillingdon House, because of the restrictions in place. Seven of these had been granted, and the other was in the process of review. Records showed that the appropriate process of mental capacity assessment and best interest decision-making had been followed to ensure each DoLS application was valid, and the least restrictive actions had been taken.

People were encouraged to participate in menu planning and cooking in the home. Support workers knew people's preferred meals, and understood how people indicated their preferences. Visual choices were offered to promote healthy eating, using a picture board of planned meals, plated meals and bottles of squash to promote meal and drink choices.

Support workers told us they planned meal times to fit in with people's planned activities. For example, for people who ate slowly, meals were provided early. This ensured they had sufficient time to enjoy and complete their meal without feeling rushed. People were provided with plate guards and the cutlery of their choice to promote their independence when eating. Some people required their food cut up to protect them from the risk of choking. Support workers explained they did this at the table with their permission, to demonstrate to them that they had the

same meal as others dining at the table. This respected and promoted their dignity while also protecting them from harm. One person's dietary needs were affected by their health condition. When tired they required soft food that could be easily swallowed. Support workers were aware of their health status, and ensured each meal was provided at a suitable consistency.

We observed people were regularly reminded to have drinks, and meals were portion-controlled to support people to maintain or lose weight to promote their health. Regular weight recording demonstrated that people maintained a steady weight, indicating that they received sufficient nutrition. When one person had lost weight earlier in the year, records demonstrated that they had been checked by the GP and speech and language specialist to ensure the cause of their weight loss was not related to underlying health issues. They had since been supported to return to a healthy weight, and their support plan reflected the requirement to maintain a high calorie diet to meet their nutritional needs. Support workers took appropriate actions to ensure people ate and drank sufficiently to protect them from the risks of malnutrition or dehydration.

A relative told us support workers were "Careful about his [their loved one] health. They look out for him". A support worker described the staff's relationship with health professionals as "Very good". They explained that the GP listened to their concerns about people's health and provided guidance and health care in response to this.

Guidance in people's support plans reminded support workers to plan for health appointments, to ensure they supported people to manage possible distress in unfamiliar surroundings. It was identified when people required two support workers to ensure they and others were not at risk of harm due to behaviours people experienced when upset or worried. This ensured people were supported to attend health appointments to manage their health needs effectively.

Records demonstrated that people were supported to attend health appointments and reviews with a range of health professionals as required, such as the physiotherapist, epilepsy nurse, and the orthotic team to review specialist footwear. When health professionals recommended a course of care for people, we observed that these were followed. For example, one person

Is the service effective?

required de-sensitising to stimuli. Support workers gently stroked them with a colourful feather boa to promote their enjoyment of this stimulation. People's health needs were understood and effectively met.

A hospital passport had been prepared for each person, to be used in the event of their admission to hospital. This provided information for hospital staff to support the person safely and effectively. For example, it noted people's

medical conditions and any health issues, their current prescribed medicines, their level of comprehension and how they communicated. It guided hospital staff to keep the person calm, and support their anxieties. People's health needs and wishes were promoted through the sharing of key information to support their emergency health care.

Is the service caring?

Our findings

One person smiled and told support workers helping them “I like you. Support workers responded with “I like you too”. They made this person feel cared for. People readily approached support workers for help or reassurance, indicating that they felt safe and comfortable with staff. Relatives told us support workers understood and communicated effectively with the people in their care. One relative told us their loved one experienced “Extremely good care”, and described support workers as “Exceptional, dedicated and kind”. Another relative told us support workers were “Fantastic”.

The registered manager and support workers spoke positively and kindly of the people they supported, using terms such as “A bubble of happiness” to describe the people in their care. Support workers spoke with pride of people’s achievements, explaining how it sometimes took people years to develop independent skills. They celebrated people’s successes with them, respecting and valuing their hard work.

Support workers knew each person’s preferences. Because several of the staff had known people for many years, they had developed a close understanding, and were able to read facial expressions, vocalisations and gestures when people were unable to express their preferences or wishes verbally. They knew people’s favourite activities, and reminded people of plans that met these preferences. For example, one person was reminded that once they were up and dressed they could “Have a nice cup of tea, just how you like it”. People were supported by staff who understood and respected their needs and wishes.

A relative told us their loved one “Enjoys life more all the time. It’s really uplifting, I’m really pleased. I appreciate what they [support workers] do”. The home had a calm and happy atmosphere. People mingled or sought solitude as they wished. People’s rooms had been decorated in accordance with their preferences and interests, for example in the colour or decoration chosen. Each room was different, reflecting each person’s personality. Sensory lights and the music of people’s choice were available in their rooms, providing them with stimulation or relaxation to suit their wishes.

One person requested a particular support worker to support their personal care during our inspection. The

support worker explained they were administering medicines, but would help them when they were finished. They did so immediately the medicines round was completed. People’s wishes were listened to and met. Support workers treated people respectfully, and explained why there were delays if they could not support people straight away. People were encouraged to join in tasks such as serving meals and laying the dining table, and thanked for their help. People’s actions were valued.

A ‘You said, we did’ board displayed in the lounge demonstrated how people’s feedback and comments were used to drive the care they received. For example, on the second day of our inspection the board stated ‘You said can we go to Portsmouth? We did go’. This reminded people that suggestions they made informed the support provided.

The registered manager described the process to support one person’s admission to the home. There was a prolonged period of visits and respite care before the person chose to live at the home full time. This ensured that the person was content in the home, and other people were settled in their presence. It also provided the support workers with time to get to know the person’s individual preferences, and support them as they wanted. The provider ensured people were supported with care and understanding, and balanced the wishes of all the people in the home to ensure people were settled and content together.

When people were out of the home on holiday, attending activities or trips, those remaining in the home asked after them. Support workers reminded people of where others were, and ensured trips out were shared equally between people. Hillingdon House enabled people to develop caring and supportive relationships in the home.

People were able to seek the quiet of their rooms as they wished. Support workers respected their privacy. They knocked on people’s doors and waited to be invited in. Where people were able to lock their bedroom doors, they decided whether they wanted to hold the key to their room and keep it locked. People respected others’ space, and did not go into their rooms uninvited.

Support workers respectfully demonstrated how to complete actions to promote people’s health. For example, a support worker washed their hands with a person,

Is the service caring?

showing them how to ensure they had clean hands before serving meals. They involved the person, treating them as an equal in the actions required to serve food. People were supported with dignity, care and respect.

Actions to promote people's dignity were followed. For example, it was noted in one person's support plan that

when out in the community, support workers should ensure the person carried a disabled toilet key to enable them to use facilities as they needed. Support workers understood how to enable people to live their lives in a dignified manner.

Is the service responsive?

Our findings

The home was not fully occupied as there was one vacancy at the time of our inspection. The registered manager explained how the process to fill this vacancy was managed to ensure that a person moving in would settle in with the people already in the home, and to ensure support workers were able to meet their needs effectively. She told us “It’s about compatibility and suitability”. This demonstrated that people’s needs and wishes informed the care provided.

Support workers told us most people in the home were unable to read their support plans. This meant written documents were not relevant to these individuals’ understanding. In addition to maintaining written support plan records, support workers had created life story books with people to ensure support plans were meaningful to them. These photographically documented events and activities that were important to people, for example cycling trips and planning for parties.

One person’s advocate told us support workers listened to him “Well”, and understood his responses. They promoted his independence, but provided support when required. People attended monthly reviews of their care and support needs with their designated keyworker. Life story books and pictorial references were used to help people identify changes they wanted in their planned activities, or to help them understand planned health interventions. Support workers explained how updated life stories and support plans were discussed with people to ensure that they had adjusted this as people wanted. For example, one person requested an activity that was subsequently photographed in their life story the following month. This meant that people were supported to consider and inform support workers of changes they wanted or needed for their care.

Meetings were held in the home to provide people with the opportunity to discuss issues important to them. For example, meeting minutes from October 2015 demonstrated that people had discussed their recent holidays, and were planning for a Halloween party. Pictures of reference ensured everyone had the opportunity to join in the meeting and make their wishes known. A support worker told us that the December 2015 meeting had

discussed people’s preferences to go shopping for Christmas presents or to write Christmas cards. People were enabled to participate in activities and make decisions important to them.

People were able to choose the support worker they wanted to support them on a daily basis. A support worker told us they followed people’s routines, as “We do what they want”. We observed people chose when to get up in the morning, and support workers responded promptly to their requests for support or activities.

People’s abilities and needs were varied at Hillingdon House, with each person requiring their care and support provided differently. Support workers understood each person’s specific care needs, and how they wanted their support provided. They spoke of people’s support plans as “Live and informative”, reflecting people’s changing needs and wishes. They told us they referred to people’s support plans for guidance, but also built up knowledge of each person from discussions with their families or others who knew them well, and got to know people’s preferences by working with them regularly. They shared learning and information, and ensured knowledge was documented to inform all staff. One support worker explained “We share key information on how to keep people happy”.

A daily task list was updated during each shift to record when people had been supported with personal care, the meals they had eaten and activities they had participated in. This ensured that an accurate record reflected each person’s engagement in the day, and highlighted any gaps to ensure people’s needs were not neglected. Support workers communicated effectively to ensure people were supported promptly as they wished.

The home environment had been adapted to meet people’s needs. One person struggled to use door handles. Their bedroom door and a downstairs toilet had been fitted with a sliding door. People’s needs were understood, and the home was adapted to promote their independence.

Support plans included a one page profile titled ‘My life now’. This explained key information about each person, such as how they moved around the home and in the local community, how they communicated their wishes and needs, and activities they enjoyed. For one person unable to verbally explain the care they wanted, the support plan

Is the service responsive?

reminded support workers 'Remember, this is [person's name] home and her life'. This ensured support workers understood key factors to support people appropriately, and acted respectfully and inclusively with them.

Each support plan was highly personalised and valued the unique gifts each person had, using titles such as 'Things I am good at doing'. Photographs in people's support plans documented people's progress towards goals agreed with them. People were supported to develop and retain skills promoting their independence. A support worker explained how they understood people's preferences. "It's trial and error, seeing things that take their interest or catch their eye, and running with it". They explained how some people's interest in sitting on a bicycle had led to cycle rides. Monthly and annual reviews with people and those important to them, including relatives and health professionals, informed changes to their support plans.

Support workers understood people's preferred activities and interests, and arranged trips to meet these. A relative told us support workers "Always make the effort" to take people to family events, and invited them to parties and celebrations in the home. One person with an interest in cars and planes had attended local air shows. Another person who enjoyed shopping was planning a trip to a Christmas market to buy presents for their family. Support workers recognised that people had different interests, and arranged activities and trips individually or in small groups to suit people's preferences. An activity timetable ensured people's planned activities were known, and support workers arranged their workloads to support people to attend their chosen activities as planned.

Information was provided in a format appropriate to people's needs. For example, a leaflet titled 'Speaking out'

provided people with guidance on the actions they should take if their rights were not respected, they felt at risk or wished to raise a complaint. This meant that people were supported to make their wishes known, and ensure issues were responded to appropriately.

A relative stated "I feel comfortable chatting with staff". They felt able to discuss any concerns, but told us they had no reason to complain. Relatives told us they were welcomed whether visits were planned or unannounced, and regardless of the time or day. Feedback from a survey in November 2015 demonstrated that people were satisfied with the care and support they experienced and the activities they participated in. Support workers' feedback reflected a high commitment to providing meaningful care for people, and demonstrated that they believed the care provided was person-centred and effective in meeting their needs. Although the survey results did not include relatives' feedback, those we spoke with told us of their satisfaction with the care their loved ones experienced.

The provider's complaints procedure was available for people to access in a pictorial format. The registered manager told us that there had been no complaints submitted since the previous CQC inspection. She explained that because support workers were in close contact with people and communicated effectively with relatives and between shifts, any minor issues or concerns were dealt with promptly before they escalated into formal complaints. Relatives and advocates confirmed that they had not had reason to make complaints about the care people experienced, and had confidence that any issues would be managed appropriately.

Is the service well-led?

Our findings

A relative told us support workers “Enriched” their loved one’s life. They said “I genuinely believe things have gone up a notch”. Another relative told us they worked with support workers to “Sort out any problems between us”. They felt involved and respected in their loved one’s care. Support workers stated their role was to support people to live fulfilling lives, and to provide the care people required. One support worker told us “No matter if it’s big or small, we try to accommodate [people’s wishes]. They come first”. Another described their role as “Very rewarding”.

The registered manager told us “I have a good staff team”, and explained how staff were willing to work flexibly to meet people’s needs and preferences. Support workers stated they felt comfortable to go to any of the senior staff or registered manager for guidance, and told us any concerns were resolved promptly. They described the staff team as cohesive and flexible to meet people’s needs and wishes.

People were involved in the running of their home in house meetings, and were represented by their peers at national meetings. The registered manager explained one of the people at Hillingdon House had the opportunity to speak on behalf of her housemates nationally. The provider’s ‘People’s Parliament’ was a forum for people to share feedback. This involved people in developing services that reflected their wishes and preferences for support and care.

Support workers were empowered to take a lead on areas of work. For example, the provider was training senior support workers to implement a new care planning system, and guide their colleagues in rolling this out across their services. This demonstrated to staff that they were valued and their skills and knowledge were respected.

The registered manager explained that she covered some staff shifts, and helped people to attend activities or planned family visits. This meant she was able to maintain a meaningful relationship with people and their families, as she had regular contact with them.

Relatives spoke highly of the registered manager, describing her as “Professional”, “Brilliant” and “Enthusiastic”, focused on meeting people’s needs and open to suggestions. Support workers told us the registered manager was “Approachable”. The

communication book and team meetings included thank you’s from the registered manager to support workers for completing training and other achievements. She valued her staff, and ensured they knew this.

One relative explained that the registered manager had implemented actions to address issues, such as handling their loved one’s inappropriate behaviour well. The registered manager had challenged activity provision to increase the activities provided, and ensure they met people’s needs and wishes. The relative told us support workers picked up and implemented their suggestions. Support workers told us issues were discussed to resolve identified concerns. They shared learning and ideas to promote people’s wellbeing and effective support.

The provider had reviewed survey results, and shared information on actions completed or planned in response to these, for example to improve communication. This demonstrated that feedback was used to drive improvements to the quality of care people experienced.

Accidents and incidents were documented. The registered manager reviewed reports to ensure appropriate actions had been completed to ensure people and others were protected from harm. She considered whether there were repeated incidents that could suggest trends, and explained how she would implement actions to address these if identified, for example through review of support plans and risk management. The registered manager told us she was “Always trying to improve” people’s quality of care, and used feedback from people, relatives, staff, audits and visits to review the support people received, and consider improvements to ensure people experienced the highest quality of care.

Use of PRN medicines was reviewed by the registered manager to analyse trends in their use. This meant that a continued requirement for PRN medicines would be reported to the person’s GP to review their health care. Regular care reviews considered the health appointments people had attended. This ensured an increase in care needs was identified, and prompted consideration of changes required, such as medicines required to address health issues, or physiotherapy to address changes in people’s mobility. Appropriate actions maintained and promoted people’s good health.

Audits of the home and records ensured that people were provided with high quality care. Findings were used to

Is the service well-led?

identify areas of improvement required, and updated action plans demonstrated that these improvements were implemented to drive improvements to the quality of care people experienced. The provider's central auditor and locality manager visited Hillingdon House unannounced to review the quality of care and records, and to ensure that the home met the requirements of the Health and Social Care Act 2014. These visits occurred at least quarterly. A report of their findings was shared electronically with the registered manager and the management tier above her. This ensured all management levels were aware of any actions required to address shortfalls in people's quality of care, and could monitor progress towards the completion of required actions.

A recent audit noted that some people's personal evacuation plans were not included in their support plans. The registered manager immediately added these to people's support plans, as they had been stored electronically. She told us there was "Always someone I can go to for help". The provider's locality manager supported registered managers to access support, training or

guidance required to address identified issues as necessary. Reports could only be closed by the locality manager, once they were assured that all required actions had been completed. This ensured that the registered manager was held accountable to drive and sustain improvements to people's care.

Quarterly locality meetings provided the opportunity for the provider's registered managers to share issues and learning. The provider used these meetings to share the ethos and values of their services, and explain their future goals and development plans. Each service had the opportunity to discuss issues or triumphs they were experiencing, such as crises in people's care, or the implementation of life story books. This provided a forum to share learning and ideas to improve the quality of care across services. Registered managers were 'buddied' up to provide peer support and encouragement. The registered manager told us how valuable this was, particularly to advise on areas where colleagues had recently resolved a similar concern. Management skills were valued and shared to drive improvements in all the provider's services.