

# Community Homes of Intensive Care and Education Limited

## Heronsmede

### Inspection report



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### Ratings

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

# Summary of findings

## Overall summary

Heronsmede is a 'care home'. It is a detached property, providing accommodation over two floors and has a secure rear garden. People in care homes receive accommodation and nursing or personal care as a 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 is registered to provide accommodation and support to eight people with a learning disability or autistic spectrum disorder. At the time of the inspection, there were eight people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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.

The service was last inspected in January 2016. At that inspection, the service was rated good overall but requires improvement in the safe domain. At this inspection we found improvements had been made and sustained, therefore the safe domain is now rated good. We also found examples of outstanding care and support in both the effective and responsive domains which have been rated accordingly.

The provider kept staffing levels under review and people benefitted from being cared for by an established and experienced team of staff. There were sufficient numbers of skilled staff deployed appropriately to provide safe support for people. Robust recruitment practices helped to ensure suitable people were employed to work at the service.

People were protected from the risk of abuse by staff who were trained and had the knowledge and skills to identify safeguarding concerns and act on them. Risks to people's health and well-being were assessed and appropriate plans were in place to minimise risks. Regular checks were made regarding the safety of the premises and the provider had plans in place to manage foreseeable emergencies. Medicines were managed and administered safely.

People received extremely effective support from a staff team who were regularly supervised and had their personal performance evaluated at an annual appraisal. Staff were trained in the skills necessary to fulfil their role and had received extensive training in areas relating to the specific needs of people.

The strong person-centred approach focussed on individuals. The consistency of approach used by the staff team enabled people to make changes to affect positive outcomes in their lives. Staff worked with health

and social care professionals to meet people's complex health needs. They adopted a 'can do' attitude to supporting people to live life to the full in spite of those needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's nutrition and hydration was monitored and staff supported them to have a varied diet.

The interactions between people and the staff were positive. Staff showed a genuine interest in the wellbeing of those they supported and demonstrated kindness and understanding toward people. Staff involved people in choices around their daily living and people's independence was encouraged.

People were relaxed and comfortable in the company of staff, they did not hesitate to seek support and assistance when required. People were spoken to and about in a respectful manner; their privacy and dignity were maintained.

Staff recognised the importance of maintaining relationships with family and friends. They had completed some detailed work to help redevelop and maintain relationships with people's families and achieved very positive outcomes. Relatives told us they were always made welcome whenever they visited.

People were involved in all aspects of the service. Staff had worked very hard and found creative ways to help people communicate and understand information that was presented to them. They had developed easy read documents and social stories to engage people. They used skilled observation to interpret people's responses to ensure their view was known.

People's support plans were very comprehensive and reflected the extremely person-centred approach taken by the service. They showed how people were supported to achieve positive outcomes to enhance their lives. The detailed information included people's likes, dislikes, cultural and spiritual preferences. People had opportunities to take part in activities of their choice and were encouraged to try new and different things.

The provider made people and their relatives aware of how a complaint may be raised and used their policy to investigate and respond to any concerns.

The provider and registered manager had systems in place to monitor the quality of the service provided and plan improvements. People, their relatives and staff had opportunities to feedback their views on the quality of the service.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

There were sufficient numbers of staff who were deployed appropriately to provide safe care. Recruitment processes were robust.

Staff had been trained in protecting people from abuse. They knew the actions to take to escalate concerns.

Risk assessments were in place which provided guidance to staff in order to manage and reduce the risks identified.

Medicines were managed and administered safely.

### Is the service effective?

Outstanding 

The service was consistently effective.

Staff were very well-trained and supervised in their work. They were committed to maintaining and improving people's health and well-being and worked closely with other healthcare professionals to ensure people received the support they needed to meet their complex health needs.

Staff worked hard to achieve positive outcomes for people despite the restrictions of their complex needs.

People using the service were effectively involved and supported with making decisions about their lives.

The adaptation and design of the premises and equipment helped staff achieve effective outcomes for people.

### Is the service caring?

Good 

The service was caring

People were treated with kindness and respect. People were encouraged and supported to maintain their independence.

People's privacy and dignity were maintained.

People were involved in their support as much as possible. Staff knew people's individual needs and preferences very well.

### **Is the service responsive?**

The service was extremely responsive.

The service was consistently person-centred and put people at the centre of all they did.

People's support plans and care records were extremely personalised, reflecting their individual, current needs.

The service was exceptionally responsive to people's needs, choices and preferences. They worked in partnership with people and their families to ensure people lived the best life they could.

The staff worked very hard to help people understand information and communicate their wishes. They were skilled in observing people and interpreting their needs.

**Outstanding** 

### **Is the service well-led?**

The service was well-led

There was an open and honest culture in the service.

Staff and relatives told us they had confidence in the registered manager's leadership and found them to be approachable and supportive.

The quality of the service was monitored by the registered manager and provider.

**Good** 

# Heronsmede

## Detailed findings

### Background to this inspection

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

This was a comprehensive inspection which took place on 18 September 2018. The inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We also looked at previous inspection reports. We reviewed the Provider Information Return (PIR). The 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.

The people who lived at Heronsmede were unable to speak with us and express their views on living at the service. However, we spoke with a relative during the inspection to understand their experience of the service and contacted two more following the inspection visit. We spoke with five members of staff including the registered manager, the deputy manager, two support staff and an assistant regional director. In addition, we spoke with a visiting professional and received feedback from another.

We observed care and support being provided in the communal areas of the service, we saw people having lunch during the inspection and we watched the administration of medicines. We looked at records relating to the management of the service including four people's support plans and associated records. We reviewed the medicine administration records for eight people and inspected three staff files including recruitment records. We reviewed records of accidents and incidents. We looked at a selection of handover and communication documentation, minutes of meetings, service audits and health and safety records.

# Is the service safe?

## Our findings

At a previous inspection in January 2016 the service was rated requires improvement in the safe domain. This was due to staff working long hours to cover vacancies and staff absence. This may have posed some risk to people, due to tiredness of staff who cared for and supported them. At this inspection we found the service provided safe care. Staff had been recruited to most of the vacant posts and the registered manager told us although staff did sometimes work additional hours, this was monitored carefully. The assistant regional director confirmed a weekly report of hours worked by individual staff was scrutinised to ensure they were not exceeding safe limits. We reviewed four weeks' duty rotas and saw staffing levels were appropriately maintained and while staff had worked extra time to cover sickness of their colleagues, this was not excessive. Staff told us they felt they were "well-staffed" and one said, "Staffing is much better here than other places I have worked." None of the staff we spoke with felt stretched by the hours they worked, although one commented, "It would always be nice to have more." However, they acknowledged there were enough staff to meet people's individual needs safely.

People benefitted from being cared for by a staff team who had been trained to protect people. Staff told us they would report any concerns immediately and described the different issues that would give rise to safeguarding protocols being implemented. The registered manager conducted knowledge checks during staff meetings to remind staff of their responsibilities and ensure they knew the procedures to follow. When necessary, concerns had been reported appropriately and notifications had been sent to the Care Quality Commission. Staff were familiar with the provider's whistleblowing policy; they were confident any reported concerns would be addressed swiftly.

People were unable to tell us if they felt safe living at Heronsmede themselves but relatives we spoke with felt their family members were safe. One said, "Yes, definitely one hundred percent." Another agreed and told us the staff "...have such an awareness of keeping [name] safe." People were relaxed and comfortable when they were with staff which demonstrated trusting relationships had been built. Staff responded to people quickly, interpreting their behaviours and responding to their needs. This helped to limit behaviours that could cause anxiety and distress, contributing to people's safety.

Risks relating to people and their individual care and support needs were assessed. Support plans contained specific and detailed guidance on managing and reducing risks for each person. Risks associated with the environment and the building were also assessed. Records confirmed the required safety checks and periodic servicing of equipment had taken place to ensure it remained safe and suitable for use.

People were supported with their medicines by staff who were trained and had their skills checked annually. Medicines were ordered, stored, administered and disposed of safely. However, we found one person's medicine record had a handwritten entry which had not been signed in accordance with the provider's policy. The registered manager took immediate action when this was brought to their attention. Following the inspection, they confirmed all medicines would be printed on the medicines records by the pharmacy in future. Where people had been prescribed medicines to be taken 'when needed', guidelines and protocols were in place to direct staff in making sure these medicines were given when people required them. Staff

had received additional training in administering medicines for specific conditions such as epilepsy.

The provider had policies and procedures in place to provide for emergency situations. People had personal evacuation plans detailing the assistance and support they required to leave the premises and remain safe once out of the building. The service was clean and well-maintained. Staff washed their hands and wore gloves and aprons appropriately.



## Is the service effective?

### Our findings

The service provided excellent effective care and support to people.

People were supported to maintain their health and wellbeing. Everyone had a health file that provided clear and detailed information. Staff provided support to assist people to attend appointments and a record of each appointment was kept providing information on what advice was provided by the health professional. As well as annual health checks with the GP, regular visits from allied health professionals such as dentists and opticians were organised and supported.

Some of the people living at Heronsmede had complex health needs. Staff sought to continually look for ways to improve their care and ensure they continued to enjoy positive outcomes and live life to the full despite the limitations of their health. For example, one person was particularly sensitive to heat which could trigger debilitating seizures. Staff had worked together with relatives and a manufacturer to have a specialist piece of equipment (a wheelchair cooler) made which kept them cool even in the height of summer. The staff told us this had meant they were able to continue to enjoy outings even when it was very hot weather. Whereas, without the wheelchair cooler they would have had to remain at Heronsmede so staff could assist them to maintain their body temperature. This showed staff looked for innovative ways to overcome issues that could impede people's lives. The registered manager told us this had had two major benefits. Firstly, the person had been able to continue their usual activities and secondly, they had not suffered heat induced seizures which could injure their health further. They said, "This really was a life-changing piece of equipment for [name] and it meant that he was able to have a sense of freedom in his life again that previously he had lost. It meant that he was able to access the community and spend time with his peers (away from) the home in a variety of different activities. (This not only) tremendously improved his quality of life but also aided his relationships with others within his home. The impact that this equipment had on [name's] life truly cannot be underestimated...it meant [name] was able to be [name] again."

Other, examples of staff being proactive in managing people's complex health needs included the support provided to a person with very specific dietary needs due to a swallowing condition. Staff had worked closely with the speech and language therapy team (SALT) to establish a nutritional routine that was safe for this person. However, it was acknowledged their health remained at risk. As they were unable to communicate pain or feeling unwell some regular checks would be required to pick up early warning signs of illness. Therefore, working with SALT and the Air team (a team of professionals who support people who may require oxygen therapy), a routine was established and staff were trained in using particular monitoring equipment. This meant any deterioration of health could be identified at an early point and treatment started immediately. Additionally, an anticipatory plan was completed such that staff were aware of who to call when a deterioration of condition occurred. For example, the palliative care team for injections and the air team if oxygen was required.

The staff worked tirelessly to establish ways in which the person could continue to enjoy activities important to them. They told us they were determined that [name] should enjoy their chosen activities and when necessary they took any necessary equipment with them. They told us [name] was popular at some local

restaurants where the staff knew about their dietary requirements and provided extra gravy so their food could be pureed to the correct consistency. Staff continued to support the person to go to other social activities, they prepared the meal beforehand if there was no opportunity to prepare a meal there. Therefore [name] continued to enjoy a good quality life and was supported to integrate in the community in which they live.

Some of the people living at Heronsmede had limited or no verbal communication. Therefore, they found it difficult to express their emotions or indicate when they were in pain or upset. Staff emphasised the need to observe people to monitor and understand what they needed. The registered manager told us how through observation staff had been able to identify how a person was opting to remain sitting in their wheelchair rather than use the chairs in the lounge. This caused concern due to the risks to the person's skin and led staff to research specialist chairs. As a result, the person had a chair specifically designed for them which incorporated a water filled cushion to relieve pressure and protect their skin. They could therefore stay in their wheelchair comfortably and without concern if that was their wish.

The design of the premises had recently had major work completed to reflect the individual needs of people living there. The completion of the work was in line with the Registering the Right Support requirements. The registered manager and the care team had worked hard to ensure the environment was the best it could be for each person. They told us this had been extremely important as without the right design some people may have had to move to other services. They were fully committed to making sure they could meet the needs of people with specific disabilities so they could remain in what had become their home. Relatives also praised the provider and staff team for the work undertaken to ensure their family member could stay at Heronsmede.

The redesign and refurbishment had benefitted everyone living at the service in some way. Examples included, careful planning to keep the environment clear of obstructions for a person who was visually impaired. The refurbishment had taken into account fitting rails around the toilet and shower at an appropriate height for the individual to ensure their safety, their room door was widened to increase accessibility and rails fitted to encourage their independence in moving around the environment. Additionally, a safe pathway around their room was designed with furniture being fitted to walls to maintain this area and allow for freedom of movement. Staff helped them to choose wallpaper made of different textures so that they enjoyed a sensory experience when in their room.

Another person had become physically disabled following a significant health event. This meant they needed increased support with all their care needs and specialist equipment to keep them safe. The care team had worked collaboratively with a host of healthcare professionals and the person's family to ensure they were able to meet their needs. Major alterations were undertaken including widening doors and corridors, installing a ramp and fitting a track hoist to provide a safe and welcoming environment which reflected the person's choices and preferences. This meant they had been able to return following a prolonged hospital stay to a place that was familiar to them and somewhere they considered 'home'. Staff were also trained in the use of specialist equipment.

Staff were focussed on involving people in their care as much as possible in order to achieve positive outcomes for them. Each person had participated in creating a room that reflected their choice and personality. The registered manager told us this was ongoing and keyworkers spent time with people involving them in all aspects of the redecoration and refurbishment of their rooms. We saw staff had created social stories to share with people in order to help them understand the work that was being carried out and kept them up to date with changes that were taking place.

People were supported by staff who had been trained in their job role. Staff received an induction during which they spent time shadowing and working alongside experienced staff to gain necessary skills and knowledge. Staff who were new to working in care, completed the care certificate (a set of standards adhered to by health and social care workers in their daily work) in line with current guidance. The provider encouraged staff to develop to their full potential, they provided and monitored refresher training in areas considered to be mandatory. Other training in relation to the particular needs of people included epilepsy, intensive interaction, positive behavioural support and autism. The provider had developed a training academy and introduced a number of development programmes. These programmes equipped staff for a variety of different roles and aimed to help them progress their careers. Staff were also supported to gain qualifications in health and social care. At the time of the inspection a new training system had been introduced which the registered manager told us was more accessible and interactive for the staff team. The new system had a programme for staff members who have specific learning difficulties such as dyslexia. It enabled a change in the background colours of the screen and allowed them to complete the course in a way that suited them. The system supported over 100 language options, assisting staff members for whom English was not their first language.

Staff told us they felt supported and appreciated by the management team. They said they could approach the registered manager or any of the senior team and felt confident they would be listened to. Staff had one to one supervision meetings with their line manager during which they were able to discuss their work with individual people, their training and development and any issues or concerns they may have. Those staff employed for over a year had an annual appraisal of their work.

We observed a handover meeting between shifts. This provided an opportunity to update the staff coming on duty about events during the previous shift. During this time staff also discussed the forthcoming shift. They worked as a team to appropriately match staff with people, based on knowledge and skill.

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 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, staff had received training and were able to tell us how the principles of the Act applied to their work. The registered manager had submitted applications to deprive people of their liberty appropriately. They monitored the authorisations and applied for renewals as necessary.

People were encouraged to make decisions for themselves as far as they were able. People were asked before any support was provided and we observed people being encouraged to make choices for themselves. When more complex decisions had to be made staff spent time working with people and when appropriate they involved family and health and social care professionals to assist the person to make a decision or to make a decision in their best interests. For example, making decisions about medical treatments.

We saw people enjoyed their food; staff sat and ate with people in a relaxed manner providing support when required. People were helped to think about a healthy diet and when necessary people's nutritional intake was monitored. People had a choice of foods and were encouraged to contribute to menu planning. The

registered manager and the staff team had introduced 'chef specials'. This took place on Saturdays, encouraging all staff to prepare a dish from their own cultures or background for everyone to share and try. They told us they then observed how people reacted and if it was well-received it would be incorporated into the menu plan. Staff supported people to follow the advice of health professionals such as SALT and dietitians.

## Is the service caring?

### Our findings

People received support from a service that continued to be caring. The staff team knew people very well and demonstrated an in-depth understanding of people's individual needs. They were able to describe in detail how they supported them in a person-centred way. It was clear from the way staff spoke that they valued the people they worked with and respected their wishes. Staff explained how they involved people in every aspect of their lives and encouraged them to make decisions and choices for themselves. One said, "Emphasis is on giving opportunities, never assume anything, it's the little things that matter."

Relatives praised the staff on their caring attitude. One said, "This team is brilliant." Another commented, "They genuinely care about [name's] needs. [Name] is looked after very well."

The service strove to find ways to support people's communication in order to reduce barriers and share information with them. We saw there were a variety of Picture Exchange Communication Systems (PECS) in the service to give people safety reminders. For instance, in the bathroom information was available about washing hands and there were reminders to hold the banister when walking down the stairs. Social stories relating to a number of different areas were also available and aimed to improve people's knowledge of such as what to do if the fire alarm rang. Social stories were also used to ensure people had a voice and to improve their independence whenever possible.

Care plans contained pictures acting as a reference and allowing people to relate to the content of the care plan. A number of people living at Heronsmede were unable to read, however, were able to identify pictures. Having pictures in the care plan ensured people were included and involved in their care planning and had some understanding about what was written.

Staff respected people's diversity and their rights to privacy and dignity. During the inspection some people chose to spend time in their room at various times which was respected. Staff made regular contact with them to ensure they were alright but allowed them their privacy.

We saw staff identified triggers which may lead to anxious or distressed behaviours. Staff knew how to avoid these and we saw how they de-escalated situations if they arose. All staff had been appropriately trained in positive behaviour support and managed these situations sensitively and professionally. Appropriate records were kept of any interventions which were reviewed and monitored by the provider's psychology team. When necessary changes were made to support plans and guidelines. Positive behaviour support plans contained detailed information to enable staff to understand what a person's behaviour may communicate and guided staff in how to respect the person's wishes while at the same time ensuring their safety.

People were supported to maintain relationships with their family and friends. Relatives were welcome to visit anytime and were included in review meetings. They told us they were kept up to date and received good communication from the service.

## Is the service responsive?

### Our findings

The service was consistently responsive to people's individual needs. We were told of examples where the staff team had worked alongside the provider's psychology and positive behavioural support team to reduce self-harming behaviours which had affected two people. In both these instances, people had caused serious damage to themselves over extended periods of time and in one case, protective equipment had been employed to reduce the personal damage a person caused themselves. The registered manager explained how through observation and perseverance, the triggers of these behaviours had been identified. A consistent and managed approach to both people meant the behaviours had significantly reduced. The result was that protective equipment was no longer necessary for one person and the building up of trusted relationships with staff and good pain management had reduced the behaviours of the other. This meant these two people were now able to engage in a wider range of activities and lead a more fulfilled life. One had been able to go on holiday for the first time and we saw had since enjoyed another holiday and been fully engaged in the redecoration of their room.

Another person had experienced a health event which had resulted in them unexpectedly developing a significant physical disability. The staff team and their family were concerned about them spending most of their time either in a wheelchair or on their bed. Staff provided support to help them understand the limitations of their new disability and to look for some physical activities they could participate in. When staff researched activities, they made sure they took into consideration those activities the person had previously enjoyed and involved their family in the process. As a result, a timetable of activities such as hydrotherapy, specialist physiotherapy and reflexology complimented other activities such as walks in the park with the support from the staff. The registered manager commented, "[Name] may not be able to walk however this does not stop him from completing trips to his previous favourite walking locations and this is from the fantastic support and encouragement from the staff within the home."

In another example, we found staff commitment had helped a person to track and get in touch with their family who had not been part of their life for a significant number of years. It was necessary for bridges to be built in order for relationships to be established again. It was clear family was important to this person as they talked about their family and clearly remembered them from the past. Staff worked hard to explain to relatives why they felt the relationship would benefit the person, and from this the family agreed to meet the person. We were told this was a very emotional but successful day for the person and their family. Following the meeting they have remained in contact and continued to build a positive relationship. The staff reported the person enjoyed having time with their family and this had resulted in them spending their birthday with them. We saw photographs of this happy occasion which had clearly been a very positive result for all.

Relatives spoke highly of the staff, their understanding of people's needs and the way they responded. One told us their family member's key worker was, "...wonderful and understands [name]". They told us staff went out of their way to do little extras like having a birthday cake in the shape of a dog because the person liked dogs. Another said, "I have nothing but positive feelings and I am absolutely delighted." Professionals had left feedback at the service during visits. Comments included, "The staff knew [name] extremely well. They were helpful, informative and appear to really care," "The manager and staff at this home are always

welcoming and accommodating. Data and care plans are up to date. Residents are cared for in (a) person centred manner."

People were supported to maintain relationships with their families and staff sought to engage relatives in their family member's care appropriately. They acknowledged the importance of this involvement by encouraging people to have contact with their families in a number of different ways dependent on the individual. For example, assisting people to make regular phone calls to ensure they have the opportunity to speak to their relatives and providing travel for people to visit their relative's homes were two ways in which relationships were sustained and encouraged.

People living at Heronsmede each had an extremely detailed and individualised support plan which reflected their physical, emotional and social and cultural needs. Support plans had been created with the involvement of the person, their families and other significant people to ensure they were as person-centred as possible. They were reviewed regularly and changes were recorded and communicated to staff. The support plans enabled staff to respond appropriately to people's individual needs in the way they preferred. The registered manager emphasised how people at Heronsmede were at the "heart of how it is run". They said support was tailored to each person's specific needs. The outcomes of each support plan concentrated on what the individual wished to achieve and how best staff could support them. Where appropriate, the care and support people wished to have at the end of their lives had been discussed with them and their families. This was well documented and staff were familiar with the plans, should they need to be used.

The support plans provided staff with excellent guidance. For example, the detailed communication plans included information about the specific ways individuals communicate. This ensured staff were able to communicate with people in a meaningful way. It also helped to ensure people remained in control of their lives as much as they were able and helped to provide people with a voice to raise concerns or express their views. Staff employed a range of communication tools to ensure people had the best possible opportunities to understand and contribute to their own support and the running of the service. We saw picture exchange communications systems, objects of reference, sign language and social stories were all part of everyday life and used to good effect. The provider also had easy-to-read policies which were shared with people during resident meetings. These helped to ensure people had opportunity to learn about their home and their rights.

Staff were kept up to date with information about the people they supported. Various routes of communication were used to enable this. For example, during the inspection we observed a handover meeting. These took place at the beginning of each shift. Each person was spoken about in detail. Staff discussed activities people had taken part in, appointments they had attended, their mood and mental state and any other significant observations. For example, on the day of the inspection, one person was feeling unwell. Staff shared what had been observed and discussed plans to call the doctor if there was no improvement over the course of the next shift. They identified how frequent observations should be made and what encouragement should be given with food and fluids. Staff coming on duty discussed the plan for the forthcoming shift. They ensured all activities and appointments had appropriately skilled staff allocated to ensure their completion. A service diary, a read and sign file and a communication book were additional methods staff relayed information to all members of the team. Staff spoke about communication being key to providing a responsive service. One said, "Every day we discuss any changes; we work as a team to get a good outcome."

People met with their key workers monthly to review their current needs. During the monthly meetings people were helped to think about a number of topics and their support over the previous month was reviewed. These included health, mood, wellbeing, social events, holiday planning, accomplishments and

concerns. These meetings were documented so that issues could be reviewed at the following meeting. A range of tools were employed to assist people's understanding and encourage their engagement in this process. For example, easy-read documents, and social stories helped staff to explain things and encourage people's participation.

People had access to a range of activities both in the service and in the wider community. We observed staff discussing various activities with people, describing them when necessary and encouraging them to choose what they wanted to do. During the inspection all but one person (who was unwell) went out to an activity. It was clear that activities had been sourced and planned to suit the individual interests of people. Each person had an individual timetable of weekly events they took part in. These included horse riding, swimming, reflexology, music activities and walking. Two people also were part of a volunteering scheme. The registered manager explained, "Volunteering is a great way for people with a learning disability to learn new skills, make friends and improve confidence. [Name and name] are doing volunteering work at Slough cemetery. The service users from the home who complete this volunteer work were given a thank you card from a member of the public who was very grateful for how hard the service users worked to ensure their loved ones grave was well-looked after."

The provider had a complaints policy which was available for people in a format they were able to understand. People and relatives told us they knew how to complain and we saw where concerns had been raised these had been logged, investigated and responded to appropriately and in line with the provider's policy.



## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

We observed people were at ease with the registered manager. They were happy to be in her presence and approached her without hesitation. From discussions with the registered manager it was evident they had an extensive knowledge of the needs of the people at Heronsmede and also knew a great deal about their backgrounds and social histories. The registered manager was spoken about in a very positive manner. Relatives told us she was approachable and they felt they could discuss the care of their family members at any time. Staff said they found the registered manager willing to listen, supply advice and provide support whenever they needed it. They also commented on feeling valued. Staff felt there was good team working which was supported by a culture of openness and honesty. One told us, "We have open discussions with the manager, we share and communicate."

The registered manager had values that put people at the centre of the service. They expected the staff team to work to those values and set an example by their own practice. They worked alongside staff on shift from time to time so that they could pass on skills and observe the staff working with people. The registered manager told us, "We listen and learn from others and their experiences. We use this to take the service forward." They also felt passionately about appreciating the good work staff did and acknowledged skills they had. Time had been given to encouraging staff to use skills which would enhance the service. For example, one member of the team enjoyed bargain hunting and would research where products could be bought economically. Over a period of time, this had led to some savings which meant people could enjoy a treat such as a meal out or a trip. Being able to make this difference meant a great deal to the staff member and their achievement had been celebrated.

The provider also saw the importance of valuing staff and supported them in developing their individual skills via a competency framework developed to encourage learning and development. Staff were able to progress their careers through completion of various parts of this framework which prepared them for a variety of different roles. Skills and commitment of staff were recognised and rewarded. A member of staff had recently been awarded 'employee of the month' as part of the provider-wide scheme which recognised outstanding contributions to the support given to people. We saw the registered manager had asked all the team to join and congratulate the individual member of staff who had been selected.

Staff meetings were held regularly and were used to discuss practice, issues relating to health and safety and how best to achieve positive outcomes for people. Information was shared at these meetings to ensure staff were kept abreast of developments in the wider network of the provider's services. Staff told us they

were given opportunities to contribute ideas and suggestions. One commented, "We have lots of ideas and plans, the management really appreciate them."

The registered manager acknowledged the support they received from the provider and said they received regular visits from their line manager who was happy to offer advice whenever they needed it. They were committed to the provider's 'Driving up Quality' initiative to establish core values which included being committed and passionate, having integrity and providing dignity and respect. They worked with other agencies to ensure people received the care and support they required. For example, health professionals, care managers from the local authority and advocates.

The quality and safety of the service was regularly monitored. Checks on various aspects of the service were completed daily, weekly and monthly. These included such things as fridge temperatures, fire safety and infection control. The registered manager delegated responsibility for a number of these checks and staff felt it showed trust in their abilities. In addition to these internal audits, quality assurance visits were conducted by the assistant regional director. As a result of audits, action plans were developed and worked on to further improve the service. The provider also had a scheme which appointed people using their services as 'Expert Auditors'. The auditors visited services and focused on the quality of the experience of people living there. After a visit from an 'Expert Auditor' a report was produced with recommendations for any improvements they thought were necessary.

The views of people and their relatives were sought using an annual quality assurance survey. We saw the most recent survey had been completed but the results had not yet been published. The registered manager showed us the report from the previous year and we could see how it had been used to make changes and improvements. The results of the surveys were shared with people during resident meetings.

People living at the service were encouraged to develop links with the local community. Visiting local shops and cafes as well as taking part in voluntary schemes were ways in which these links were developed. Additionally, fundraising had seen people living at Heronsmede making a sizeable donation to the Macmillan cancer charity. The registered manager showed us photographs of the event and said, "(We had) a coffee morning with a superb selection of cakes. The magnificent chocolate and vanilla cake topped with strawberries and white chocolate was baked by one of the talented staff." They went on to tell us, "The idea to host the coffee morning was the service users' own idea which was raised during a service user meeting. They felt they wanted to do something to raise money for charity and felt that this would be a really positive thing to do. When they had spent time planning the morning with staff they then ensured that all service user family members were invited to come. Our neighbours were (also) invited to join in." People had been fully involved in this event and as a result the registered manager told us it had helped the service become part of the Macmillan family and their thank you cards had meant people knew their hard work had been recognised.