

Moorville Developments Limited

Hallamgate House

Inspection report

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20 September 2022

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Hallamgate House is registered to provide accommodation and personal care for up to seven people with a learning disability and or autism. At the time of the inspection there were five people living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People at Hallamgate House were truly placed at the heart of the service. There was a strong person-centred culture that valued the individual and involved people in making decisions about their life. People were treated as equals in their care and treat with dignity and respect. People's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs.

The outcomes for people using the service truly reflected the principles and values of 'Right support, right care, right culture' in the promotion of choice, control, independence and inclusion. People and their families were seen as the experts in their life with a focus on what they can do first, and any help they needed second. Staff had taken great care to ensure peoples voices and choices were heard and to enable people to build and stay in control of their own lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service worked with people to plan for when they experienced periods of distress, so their freedoms were restricted only if there was no alternative.

Right Care:

People and relatives told us the care went above and beyond their expectations. Staff were kind, caring and compassionate. Staff wanted to support people to have fulfilling lives and to see people achieve their goals and dreams for the future. The provider made sure people got all the information they needed in an accessible way for them, to make decisions about their care and support while feeling comfortable and safe. People's individual needs were met by the adaptation, design and decoration of the home The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The vision and

values of the home were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person-centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

A targeted inspection was carried out between 21 September 2020 and 28 September 2020. As part of this focused Inspection, we investigated whether the organisation was safe and well-led. The service was inspected but not rated (published 23 October 2020).

The overall rating for the service is outstanding. This is based on the findings at this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Hallamgate House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Hallamgate House is registered to provide accommodation and personal care for up to seven people with a learning disability or autistic people.

Hallamgate House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hallamgate House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 07 September and ended on 20 September We visited the location's service on 07 and 20 September 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We contacted social care commissioners who help arrange and monitor the care of people living at Hallamgate House. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

We spoke to two people using the service. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way or they chose not to speak with us. We spoke with eight members of staff which included, the nominated individual, the registered manager, the deputy manager, a director and four care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives and two visiting professionals about their experience of the care provided.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a clear understanding of safeguarding people, and care and support was planned and delivered in a way that ensured people were safe, without restricting their freedom.
- People and their relatives told us the service was safe and we saw people and staff laughing and joking together. It was very inclusive. One relative said, "The house has a lovely family atmosphere which is well managed, happy and safe. Nothing is too much trouble for them [staff]. They deserve a pat on their backs for the excellent care they give."

Assessing risk, safety monitoring and management

- People were supported to take positive risks towards independence using a creative and comprehensive approach to risk taking.
- Risks were minimised by person-centred risk assessments, with clear details for staff that focused on the positive benefits of being allowed to take risks. This encouraged people to get the most out of their support and achieve their goal to be as independent as possible. For example, consistent interventions both physically and mentally resulted in extremely positive changes in one person's health and wellbeing. One relative commented, "I can honestly say I have never seen [person] look as good in the whole of their life. I am really grateful to them [staff]. I can't speak highly enough of them [staff]."
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- Safe recruitment processes were used in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people.
- The service had enough staff. This enabled people who required one-to-one support to take part in activities and visits how and when they wanted.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record, and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.

Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE and visiting risk assessments.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and managers investigated incidents and shared lessons learned.
- A record of accidents and incidents was maintained and reviewed regularly by senior staff and managers to look at patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we did not rate this key question. At this inspection this key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Staff completed a detailed assessment of care needs before people moved into the home. This meant that the registered manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home.
- People and their relatives confirmed that they had been involved in this initial assessment and had been able to give their opinion on how their care and support was provided. Without exception relatives told us they felt included in this process. One relative said, "Whenever they review [persons] care plans they always include me and listen and value what I have to say."
- Staff focused on people's strengths so people could have fulfilling and meaningful lives.
- Support plans reflected people's needs, and aspirations and plans were written to help people achieve these. Some were very modest, for example one person wanted to be able to order a drink in a café independently whilst coping with the noises of the environment. Others more challenging. For example, one person developed an interest in walking. They joined a walking group to help improve their fitness and with a dream of walking to the summit of Snowden. They have since achieved this dream and continue to enjoy walking as a way of relaxing.
- Peoples sensory needs were considered as part of the assessment process. They recognised the importance of different senses and made sure people had the right light, touch, smells and sounds incorporated into their rooms and communal areas to meet their needs. For example, where people needed blackout blinds to enable them to sleep these were incorporated in their bedrooms.
- The staff had created detailed communication support plans which described exactly how people communicated in different scenarios and when expressing different needs. For example, the staff had developed and made a range of personalised visual supports that helped support communication. The visual supports helped people to retain and process information. These included visual schedules with icons, tactile symbols, real objects, or words. Each visual support was tailored to the needs of the person. The visual schedules helped people to communicate their needs and make sense of the world around them

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. When asked about staff training one of the directors said, "The great thing about Hallamgate House is because it's a small service we can design the training around the people that live here. We want staff to see people as people, and to work from that place. To help people to create the lives we would want for our own families."

- Training was tailor-made to meet the needs of people living at the service. This included training sessions that looked at the unique range of conditions that people might be living with and how these conditions may affect their daily lives. Other training included mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and restrictive interventions.
- The provider was passionate about providing a whole organisational approach to embedding positive behaviour support and reducing the use of restrictive practices. All the staff had a basic understanding of positive behaviour support and its value base. The impact of this training and approach was clear. People who had previously presented with aggression, self-harm, risks of absconding and low mood were happy, calm, enjoyed activities they had never experienced before.
- Some staff had received specific and additional training to enable them to become 'champions' in particular areas. Champions provided additional support, advice and guidance to other care staff. There were champions in dignity and respect, infection control and oral hygiene. The provider told us the champions were role models and committed to taking action, however small, to create a home that has compassion and respect for people who lived there. The provider told us they had trained dignity champion to look for opportunities to alleviate loneliness and social isolation.
- Staff spoke highly of the quality of training they received and the skills they had been supported to develop in order to carry out their role to the best of their abilities. One staff member commented, "They don't just talk about being person centred, they actually are person centred."

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

- People's dietary intake and health had improved.
- The staff monitored people's weight and changes in their appetite. They responded to these to make sure people stayed healthy and well. They took a holistic approach to looking at these needs, by reviewing how people's general health, medicines, emotional wellbeing and other factors affected these. They adapted their care and sought professional guidance when needed
- One person moved into the service, and he was classified as underweight. The GP gave the service information about how to fortify their meals to help them gain weight. Since moving into Hallamgate House, the person had developed an interest in both gardening and baking. During the inspection, we saw the person working at the services farm. They were eager to show us the things they had grown. Staff told us the person loved to take the produce they had grown home and to bake with it. The person is now a healthy weight and likes to talk to his mum about his interest in gardening and baking. But most of all, [person] takes great pleasure in sharing their baking with their housemates.
- One person was passionate about being a vegetarian because they felt strongly about animal welfare. The person gets choice and control of their own diet and is supported to choose and prepare their vegetarian food. They told us, "The food is really good here."

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

- The environment had been designed and was regularly restructured to meet people's individual needs, including their sensory needs.
- People's sensory needs were considered and met, with furniture, lighting and music incorporated into their rooms and the communal areas to meet their needs and interests. For example, there was a multisensory room had been adapted to help people develop and engage their senses. This included lights, colours, sounds and aromas within a safe environment that allowed people to explore and interact without risk. This meant if people were feeling overwhelmed or anxious or finding background noise difficult, they had a safe space they could go to.
- People were involved in designing and adapting their living areas. For example, before one person moved into the service several changes were made to their environment to meet their specific needs. This included, adapting the bathroom so appropriate equipment was in place to safely support the person with personal

care. Changing the bedroom to a smaller, darker, low stimulus environment to aid their sleep. Allocating a dedicated room attached to the bedroom that provided a safe space to go if they were feeling anxious or stressed. The person was passionate about trains and staff had built a huge table to house the person's train set and to enable him to pursue his passion.

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

- People were supported to access a range of external health care professionals to improve their well-being. This included, psychologists, psychiatrists, speech and language therapist, epilepsy nurses learning disability nurses, sexual health workers. This was evidenced in the many examples where people's lives had significantly improved.
- Records included information about each person's health needs and guidance for staff to show how these were met and affected their daily lives.
- We saw that staff were proactive in seeking input from professionals such as psychologists, psychiatrists, dietician's, hospital consultants and advocacy. An advocate can speak on behalf of people who are unable to do so for themselves,
- Each person had a hospital passport which included information about their past medical history and the level of support they required. If a person was admitted to hospital staff worked shifts to support them during their admission to ensure consistency of care. One relative said, "[Person] was in hospital quite poorly and the staff stayed at hospital with them. They made a bad situation bearable for both [person] and for me."
- Staff had identified where medication was ineffective and worked with families and professionals to ensure this was reviewed to promote people's well-being. One relative told us, "The only thing that gets in [Persons] way is their epilepsy. It's never been well controlled. [Person] was prescribed an extra drug and their well-being deteriorated. They [staff] were on this straight away, they contacted the GP, neurologist and epilepsy nurse because it was affecting their well-being. It wasn't an easy argument to have with the epilepsy nurse, but they fought [persons] corner and the medication was reviewed. it wasn't long before [person] was back to normal. "
- People were supported by specially trained staff when experiencing grief and bereavement. One person had experienced recent bereavements which had significantly impacted on their mental health. A referral was made to a psychologist, and they were being supported to work through their feelings and emotions and to develop a range of coping strategies for this situation and future situations.
- People were supported to access specialist information and support to help them understand their sexuality and relationships. Staff worked together to create a culture of openness where people felt empowered to talk about sexuality and relationships, whilst ensuring people felt protected from sexual harm. For example, people were supported and felt safe to explore their sexual orientation and to discover their own authentic self.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered provider, the registered manager and staff were passionate about supporting people in the least restrictive way and always considered and acted in people's best interests.
- The service was skilled in how it obtained people's consent for care and treatment, adapting their approach to suit individuals needs and involving them in related decisions and assessing capacity when needed.
- Records showed us where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health or care professionals. Examples included administering medicine and personal care.
- Where people were subject to a DoLS authorisation, these had been applied for appropriately and a record was maintained to show when DoLS needed reviewing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we did not rate this key question. At this inspection this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received personalised care and support from staff who were dedicated to providing high quality outcomes.
- Staff saw people as their equals and created a warm and inclusive atmosphere where they understood people's unique and complex needs and identities.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Comments from staff included, "We provide a personalised service with a family like feeling" and "We [staff] support people to achieve their individual goals and lead a happy and peaceful life."
- Staff were excellent at recognising when people were distressed and provided extremely sensitive and respectful support to help manage this. The approach staff took helped create a calm and relaxed environment which helped to reduce the anxieties people experienced.

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

- Support plans were written with the person and included information about their preferences and how they wanted to be cared for and supported. This meant staff knew people well and understood their needs when providing care.
- The service was passionate about ensuring people were empowered to express their views.
- The service worked in partnership with people and their families, providing opportunities to share experiences and understanding and to learn alongside and from each other's experience. For example, each person had a person-centred review looking at what was working and what was not working. One relative said, "When they review [persons] care plans, they include me, listen to me, and value my opinion. It is so reassuring how well they know [person]."

Respecting and promoting people's privacy, dignity and independence

- Staff were not rushed in their interactions with people. They spent time with people individually, observing them discreetly or supporting them to engage if they were not involved in some activity. We observed people were involved and engaged in their care and support
- One staff member explained the impact environmental factors had on the person they supported, "We know too many people can make [person] feel overwhelmed. So, we take this into account when planning activities for them."

Is the service responsive?

Our findings

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

At our last inspection we did not rate this key question. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service and staff displayed a person-centred culture which was embedded into assessments and support plans and evidenced in the care and support people received.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. Staff comments included, "There is a person-centred approach we put individuals at the heart of whatever we do" and "People's individual needs are respected and valued, we are not judgemental and offer our empathy and compassion."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand. It also says that people should get the support they need in relation to communication.

- People had individual communication passports that detailed effective and preferred methods of communication.
- Support plans also provided detailed information to inform staff how a person communicated.
- Staff understood and interpreted people's nonverbal communication, which enabled people to engage more with those around them.
- People showed they valued their relationships with the staff team. We observed this through people's facial expressions and body language as they responded positively to staff who were supporting them.

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

- The service recognised the importance of promoting social inclusion to improve people's quality of life and supported people to access various community groups and organisations.
- Consistent support and encouragement had resulted in people becoming more confident to access the community independently. People were taught skills and coping mechanisms to help manage anxieties associated with social settings.
- People had access to a range of other activities both inside the home and in the community that were based on individual needs and preferences. People's views about activities were gathered through surveys and regular discussions.

Improving care quality in response to complaints or concerns

- People had access to information about how to make a complaint and felt confident raising any concerns.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- People had access to information about how to make a complaint and felt confident raising any concerns. One person told us, "I can go to any of the staff if I have a problem."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People's quality of life was enhanced by the service's culture of improvement and inclusivity.
- People were absolutely at the heart of the service. The management team's primary focus was to develop people's skills and confidence and provide them with the tools needed to live more independently. This was evidenced in the many examples where people's lives had significantly improved. For instance, people who had previously presented with high levels of anxiety were happy, calm, and enjoyed activities they had never experienced before. Things like going on holiday, going to the pub and work experience. People had developed new friendships with both staff and the people they lived with. People's dietary intake and health had improved, and people had fulfilling and meaningful lives.
- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- People and family members told us lives had changed for the better since moving into Hallamgate House. Comments included "My life has improved because they [staff] have taught me to do things for myself. They have also helped with my mental health; I feel more settled now."
- The provider was passionate about improving people's quality of life and it was clear staff shared this vision and were proud to work for the service. Comments included, "I love my job, it is so rewarding," and "Our aim is to support people to move on and be more independent."
- Staff felt empowered. They were encouraged to share their ideas and make suggestions. The management team were keen to praise staff for individual contributions which had changed practice and work at the service. Without exception staff told us they loved their jobs.
- Team meetings enabled staff to discuss specific topics relevant to their roles and the needs of people living at the service. These included discussions about good practice and opportunities for the staff to teach others and share their ideas. Supervision included formally organised one to one sessions, appraisals, peer support and regular team meetings.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support and applied the duty of candour where appropriate.

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

- The management team had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Strong working relationships had been developed amongst all managers and senior staff who showed a high level of experience and capability to deliver excellent care.

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

- The service enabled constructive engagement with staff, people using the service and family members in order to provide person-centred care and promote positive outcomes. One relative said, "Staff consistently deliver person centred care which achieves good results."
- The management team communicated their appreciation of the hard work and commitment of all staff and the huge impact they had on people's lives.
- The staff took numerous photographs and videos. The provider had a social media account where they shared these with families and other stakeholders. They also had individual messaging groups set up for each family with the staff to share information, photographs and updates. We saw the families used these well and appreciated the updates and photographs which they received several times a day

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Staff were highly complementary of the providers' drive to continuously improve the service for everyone involved. One staff member told us, "Moorville as an employer are committed to providing a person-centred service, they don't just talk about being person centred, they make it happen."

Working in partnership with others

- People and relatives spoke highly of the management and staff and described their approach to people's care as "Outstanding". Comments included, I can't speak highly enough about the service they go above and beyond" and "The service is exceptional."
- Relatives told us they were Invited for meals and to events. The registered manager told us it gave parents opportunity to meet each other, share experiences and knowledge. The service had provided food and drink and we were told it was a pleasant evening. Where people who did not have relatives or family involvement, we saw that advocates had been involved to ensure their views, choices and decisions were heard.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and empowered them to live the lives they chose. The impact of Hallamgate House was clear. This was evidenced in the improvements in people's health and well-being. But the significant impact it had on families and their abilities to trust that their relatives would be supported to have a safe and secure home for life.