

Consensus Support Services Limited Heatherington House

Inspection report





5 London Road
Kettering
Northamptonshire
NN16 0EF

Tel: 01536411064
Website: www.grettonhomes.co.uk

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 28 November 2018 and was unannounced. At the last inspection we rated the service Good. At this inspection we found improvements had been made and we rated the service Outstanding.

Heatherington House is a 'care home' specialising in supporting people with Prader-Willi syndrome (PWS) and learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. PWS is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life-threatening illnesses.

The home was a spacious three-story building located near to a small town centre which people could access as they wished.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance, with the exception that the home accommodated more than six people. 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 and the staff within this service were exceptional in ensuring this was the case for people living at this home.

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.

Without exception, people were supported to achieve their goals. The staff and management team were creative, committed and determined to support people to live independent lives and challenge the barriers around supporting people with PWS.

People were supported to complete major achievements, relevant to each person's individual wishes. People were supported to manage their weight and food choices with sensible decision making and this had seen huge benefits to people's health and wellbeing. People were educated about food choices and activity levels and had lots of control and opportunities to be around vast quantities of food.

People had developed strong links with local leisure facilities and other amenities in the community which further helped enable people's independence and manage their vulnerabilities. People were proud of the progress they had made at Heatherington House and valued the experiences and progress they had made.

People had seen huge benefits to their health and activity levels. People had made significant progress and they, and the staff, were immensely proud of what they had accomplished. People had better lives and were

supported to try a variety of new experiences.

People were fully involved in ensuring the home they lived in was safe, taking responsibility for key elements of the running of the home. Staff supported people to learn about safety issues, such as fire risks and how this could be managed safely if unexpected events occurred.

People were encouraged and supported to take risks and grow in confidence and their abilities to manage situations independently. The staff prepared and educated people so they could be as independent as possible for each person whilst out in the community.

People were involved in staffing decisions and of the recruitment of new staff. Staff skills were considered alongside the people that lived at the home to bring out the best in people and encourage them to try new things and take greater responsibility wherever possible.

The registered manager challenged stigma and stereotypes and ensured that people with Prader-Willi Syndrome (PWS) were not disadvantaged or treated differently because of their condition. Staff followed the lead of the registered manager and ensured that people were challenged to achieve what they wanted.

Staff consistently went the extra mile for people to ensure they received all the support they required, when they needed it. People living at the home valued their relationships with staff and the commitment they provided, and this benefitted people immensely.

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 has improved to outstanding.

People were empowered and educated to understand how they could keep themselves safe within the home, and in the wider community. Discrimination and stereotyping was challenged and people were involved in ensuring the staffing team met their needs.

Outstanding 

Is the service effective?

The service has improved to outstanding.

The outcomes for people at Heatherington House were significant, particularly with improving people's health and their behaviours around food. People's protected characteristics were embraced and the staffing team were trained to have strong skills and knowledge to support the people at the home.

Outstanding 

Is the service caring?

The service has improved to outstanding.

People consistently provided high praise and recognition for the commitment and caring approach of staff. People's privacy was respected and encouraged and staff went the extra mile to ensure people could have the relationships they wished to maintain.

Outstanding 

Is the service responsive?

The service remains outstanding.

Outstanding 

Is the service well-led?

The service has improved to outstanding.

The registered manager was truly respected and admired by people, staff and other professionals involved with the home and had been recognised nationally for their approach. The ethos within the home consistently put people at the heart of every decision and ensured that people's lives were the best they could

Outstanding 

be.

Heatherington 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 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 inspection took place on 28 November 2018 and was unannounced. It was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with five people who lived at the home and four members of care staff. We spoke with the deputy manager and registered manager. We also received feedback from two local authority commissioners. We reviewed care plan information relating to one person and one staff file. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, medicines information, and arrangements for managing complaints.

Is the service safe?

Our findings

People were fully involved in understanding they should receive safe care and how this should be provided. One person said, "The staff help me to be safe here, or if I'm going out I know I'm safe." Staff were highly skilled at recognising when each person may be at risk of harm and took precautions to help minimise this. For example, each person had their own system of safeguards for when they left the home and visited the community. One person said, "I can go out on my own, or get a bus on my own. I take my mobile phone with me so I can let them [the staff] know when I get there."

The service had safeguards in place to prevent people coming to harm from excessive eating. Staff worked with each person to understand the support they required around food. Each person had individual risk assessments in place to reduce their risks. These were balanced against ensuring people were enabled to gain independence and gain greater knowledge about themselves and their behaviours. This was particularly important to support people with Prader-Willi Syndrome (PWS). Overwhelmingly, people were empowered to take positive risks if this gave them fulfilment and a greater sense of independence. The service was not risk averse and staff were committed to supporting people to achieve their dreams.

Staff were passionate about ensuring people could live the lives they wished and worked together to ensure they could be supported by staff that brought out the best in them. People told us that staffing was never a problem and they saw the same staff regularly. One person said, "The staff are always here to help, it's never a problem." The registered manager over-recruited staff so they were able to maintain a good staffing level and support people if they wished to go out and required staff support. This system also ensured that when staff were absent, there was a consistent staff team that people were familiar with. The registered manager had a strong commitment to ensuring staffing levels were good, and recognised the importance of good relationships between people living at the home and staff.

People were fully involved in the recruitment process. New staff were interviewed by the management team and if successful, were then put forward for an interview with people living at the home. People living at the home were asked to give feedback about the suitability of each candidate. This feedback was used to decide if they should be offered a job. Successful candidates were required to have Disclosure and Barring Service (DBS) check and references before they were able to start work.

The service had an innovative and creative culture where people and staff were encouraged and prompted to try new ideas and reflect on whether they were successful or not. This approach was spread across the home, trying new activities, holidays, or in everyday life. Staff felt they could be open and honest and were involved in reviewing accidents and incidents. Staff reviewed if there was any learning that could be identified from incidents or daily events to provide a better service. For example, when one person had deliberately left the home without telling the staff they were going out, this was fully reviewed. The learning from this had resulted in systems within the home, and the support of the person, being amended.

People were supported to have their own freedom and independence. The registered manager had

recognised that to fully support people's growth and independence, people with the appropriate skills, should be able to enter and leave the home independently. Staff had recognised that people having their own key to the front door may present risks for some people and could get lost. They also identified that waiting for staff to open the door did not promote their independence. As a result, the registered manager had changed the front door lock to a keycode system. That enabled people to come straight into the home without waiting for staff to answer the door. People were particularly pleased with this change and told us this was especially helpful on days when it was raining outside.

People living at the home were empowered to understand potential hazards and take control of them. For example, people living at the home had volunteered to be fire marshals and carry out regular fire safety checks. The staff challenged people to think creatively to ensure the safety of themselves and others. They presented people with practical examples of potential hazards to support them to think of alternative actions. For example, during a fire drill, staff temporarily blocked the main door. This prompted people to think about different escape routes they might need to use. They also used the local fire service to visit the home and further support the people living there with advice and practical guidance. People were proud that they could keep themselves safe and help others to understand potential dangers.

People were empowered to take as much control of their medicines as they were able to manage. People were supported to understand what their medicines were for and when they required them. One person said, "We all do our own meds. The staff open the door but I get the medicine key out, check my folder, get my medicines out the cupboard and then sign to say that I've had them. I know if I'm going to run out because we keep a total at the bottom of each one and then we make sure they're ordered before they run out." We saw that the registered manager reviewed each person's abilities and supported them to be as independent as they wished. This was continually reviewed with each person, and support was amended as people's abilities changed.

The staff maintained an overview to ensure medicines were kept securely, and people did not run out. The service had looked at creative ways to further support people's independence by using technology to assist with this but had not found a successful and reliable method to further facilitate this. The staff were committed to using innovative models and seek new ideas to further develop people's abilities.

People were involved and supported to understand and manage risks associated with poor hygiene and poor infection control practices. One person told us, "We always wash our hands before we go into the kitchen." This practice helped to remind people of good hygiene habits whilst also in the community. Another person told us they enjoyed cleaning and they had been supported by the staff to get a paid cleaning job at the home. They worked as part of a team with the housekeeping staff and understood how to clean thoroughly.

People were regularly reminded and encouraged that they could speak out if they felt vulnerable and the provider ensured that at least once a year safeguarding was discussed with people who lived at the home. People had access to further information about safeguarding procedures which helped them to understand what it meant and who they could contact if they needed to report a concern. Safeguarding alerts were raised promptly and staff were knowledgeable about how to do this. One member of staff confirmed, "If there were any issues I would report it to [the registered manager], or if it involved her I know I could go above her to [the provider] or I could contact the CQC."

Is the service effective?

Our findings

Outcomes for people who live at Heatherington House were significantly better than expected when compared with similar services. People who live at the home recognised the huge improvement exceptional care had on their lives. One person told us, "Everyone with PWS has the tendency to try and get food all the time and gorge on food – until death. I've got the knowledge now to be contented. I feel fantastic."

People's needs were fully assessed before they came to live at Heatherington House. One person said, "I really wanted to come and live here, I wanted to be in a smaller home so I could have more freedom. This is the best place I have ever lived." One member of staff said, "The individuals living at Heatherington House benefit from a package of care that is bespoke to meet their individual needs." The registered manager was passionate about supporting people with PWS and was not afraid to take on people that other services had been unsuccessful with. For example, people with complex and challenging needs related to PWS, or relating to their learning disability were welcomed and a full support package was designed to meet those needs. The pre-assessment process ensured strong collaboration with other agencies to ensure a cohesive multidisciplinary approach was provided.

The registered manager challenged current practice and recognised ways of working with people with PWS. They were innovative in designing tailored care for each person which recognised their skills, strengths, goals and own ideas. They understood where each person's difficulties and barriers were and sought to overcome them. This was particularly evidenced by removing the negative stigma around food and allowing people greater control and choice about their eating arrangements. For example, people living at the home enjoyed the television show, 'Come Dine With Me' and sought to create their own version of the show at home. This required people to design a three-course menu, purchase all the ingredients and cook the meal for everyone living at the home. This approach and freedom with food for people with PWS was revolutionary and empowering for people. It further helped build their ability to be surrounded by food without the need to gorge.

The registered manager's approach to food was pioneering. The registered manager said, "We speak honestly about food. We talk about the things that need to be talked about, and it helps to promote their independence for when people are eating out. Food is everywhere so it's important we don't try to shield them from it." People were able to have access to food and when it was their turn for the home event, "Come Dine With Me" people had access to vast quantities of food that they were unable to eat. Staff offered guidance and advice about portion sizes and supported people to think about the food choices they were making. People were enabled to learn about healthy options and better choices. People were happy with how staff supported them and felt they were not unnecessarily restricted by the staff, but had made huge progress since living at Heatherington House.

Staff were extremely skilled, knowledgeable and experienced in supporting people at the home. One person said, "The staff here are brilliant. I couldn't fault them." All staff were required to complete a training induction which was tailored to ensure each member of staff understood the service, the people living in it and their care needs. The registered manager confirmed, "Each induction is different. It depends on whether

they [the new staff] have experience of care and how quickly they can pick things up." We saw that each member of new staff completed an induction and shadowed more experienced members of staff. New staff were not able to provide support for people until the management team were satisfied that they were competent and confident in their roles.

New staff were expected to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. New staff worked towards completing this, and in addition, staff received training in specific areas that may affect the people they were supporting. For example, PWS, understanding financial abuse, positive behaviour support, autism, diabetes, sexuality and relationships to name but a few. The training enabled staff to have a good insight and understanding of the experiences of the people they were supporting. This helped them to tailor the care they received. One member of staff said, "We get specialised training, it's really good. It's refreshed every year. As a provider they're pretty hot on training and development."

People were supported to have an excellent understanding of how they could have a healthier life, and have their healthcare needs could improve. One person said, "I used to have diabetes, it took a lot of effort and I had to see the GP but I'm at a safe weight now and I feel so good." All the people within the home had been supported to manage their weight and make good choices about keeping themselves healthy. Each person was supported to be active and pursue their own interests that may also benefit their health. One person liked to go for walks on their own, and another person preferred to spend time at the gym. We also saw that some people had enjoyed dog walking, which had also helped to improve people's mental health and ability to change their mindset when they were having a difficult time. We saw that each person's health had improved since they lived at the home, and they were fully supported by staff.

The staff were creative with new ideas to help promote people's health, for example, people were supported to go for sponsored walks and raise money for charity. The sponsored walks were fun but challenging for people and people took great pride in their achievements. One person had always wanted to go to Derbyshire to complete a walk they used to do with their family members. Other services had refused this request as it was felt they would not be able to manage such a physical challenge, however the registered manager devised a plan how they could do this, with great success.

People and staff worked together with a range of healthcare professionals to identify best practice and sustain the achievements people had made. The provider had their own positive behaviour intervention team of trained experts with specialisms in autism, learning disability and/or PWS. They helped support the staff design bespoke support to match their individual needs. This had been particularly helpful when one person arrived at the service in a crisis situation and the care needed to be carefully tailored to meet the person's needs. This had been extremely successful with the person's health dramatically improving, and incidents of behaviour that may put themselves or others at risk of harm, also dramatically reduced.

In addition, the staff work closely with external healthcare professionals including Speech and Language Therapists, occupational therapists, nurses and GPs. One person told us that the staff had noticed that they had developed a new involuntary movement and they had been supported to visit the doctors. The person told us, "It keeps happening, but we don't really know why. I went to the doctors and have got to keep a diary of when it happens – [name of staff] helps to remind me about that." People's healthcare records showed that people were supported on a regular basis to have regular healthcare checks, or to have new concerns investigated.

Staff were well supported and given regular feedback about their performance. People living at the home

were fully involved in giving feedback to staff which was used to help staff reflect on their performance. Staff also had regular supervision meetings with the registered manager. One member of staff said, "We have regular supervision from [the registered manager] and their door is always open if we needed help with anything." The management team confirmed they understood the importance of valuing staff and recognising the impact that issues in their personal life can have on their performance. The team leader said, "We do our best to talk with sunshine in our voice and leave our issues at home. People are perceptive of how we are feeling so it's important to set your filters and help staff to do this." Staff were encouraged to review their own performance and appraise themselves. This helped staff to reflect on what had been successful and where they could make their own improvements.

People living at the home were fully involved in the design and decoration of where they lived. People were involved in decorating the home, for example, by painting and decorating the walls with staff. People's individual needs were incorporated into the design of the home, and their individual bedrooms with privacy being highly respected. The home was designed to enable people to have areas where they could spend time with their visitors, or if they wished to be alone. Space within the home was maximised to enable and used creatively, for example by utilising a quiet place in the hallway to have a desk and chair for people to use if they wished.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. The registered manager and staffing team were committed to supporting people in the least restrictive way and sought creative ways to enable people to have as much freedom as possible. We saw that one person had a DoLS in place and staff were all aware of the conditions of this, and ensured these were met.

The provider was aware of the protected characteristics under the Equality Act and embraced them; their policies and procedures reflected this. The culture of the organisation was open to providing care that met people's needs without fear of discrimination about their age, culture, religion, gender or sexual orientation. This ensured each person was fully supported in all areas of their care and people received consistent care that met that their needs.

Is the service caring?

Our findings

People were treated with the utmost respect and the whole ethos and culture within the home was to support people to achieve anything they wanted. People told us, "We [meaning people living at the home and the staff] don't say no. We find a way to achieve what we want to achieve." People were encouraged to have dreams and goals and staff supported people to a plan for how they could be achieved. Staff went out of their way to help people achieve their goals, whether it be climbing up the Pennines or going on holiday, staff often supported people in their free time. Staff spoke with passion, commitment and pride about the achievements and progress people had made and were proud of the impact they had made to help people succeed.

People consistently commented on the caring nature of staff. One person said, "The staff here are the best!" Another person told us that the staff treated them well and had done everything they could to help them be as independent as possible.

People and staff regularly provided feedback about each other, commenting on the positive qualities each person had. This was on show for everyone to see, on display as a seasonal tree with each comment written on a leaf. People had been involved in painting the tree onto the wall and one person who enjoyed cutting had volunteered to cut out leaves for people to write their comments on. The roots of the tree showed the values of the home which included inclusion, support, reliability, choice, respect and honesty. This was a beautiful artistic feature within the home which also gave positive benefit to people, showing people's progress and recognising what they had achieved. This was also a good way for people to express their emotions and show their gratitude to staff and to each other, valuing each person's diversity. The tree and the comments were updated every quarter, as the season changed. We saw that comments from people living at the home included: "[Name] you are a great team co-ordinator who cares, listens, [is] kind and caring." "[Name] it is a pleasure to work with you." "[Name] is the best keyworker to work with. They come on holiday with me – I choose where we go."

People and staff were matched together based on their experiences, hobbies and preferences. For example, one person was matched with a member of staff because they both like going out to new places, another person was matched with a member of staff because of their personal experiences of supporting somebody with autism and the ability to get the best out of each other.

People and staff had valuable relationships that enabled people to flourish. One person told us, "They [the staff] have helped me understand what to do when I get angry. I can go to my bedroom and calm down and think about things." Staff knew each person's individualities, and what could cause them to be anxious or upset. Staff worked with people to identify their emotions where possible and worked with them to understand their feelings, and how they could resolve those feelings. Staff knew how to support people through times of distress and they had seen a reduction in the length of time people had remained distressed for, and in the frequency that these incidents occurred.

People's relationships with people they cared about were truly valued and embraced by staff. One person

told us they had recently met up with family members they had not seen for a significant period of time. Staff were delighted that this had happened. They showed empathy and reminisced with the person about what had happened during their family's visit.

Staff went the extra mile to support people with their relationships, and were sensitive and discrete to ensure people were supported to have the intimacy they wished. People had been supported to understand the issues that may be associated with relationships. The registered manager advocated for people to ensure all parties understood and were able to consent to their relationships. People who wished to have partners stay overnight were supported to have a double bed if they wished, and people were respectful of other's living within the home when this was arranged. Staff were considerate and supportive to ensure if people wished to have personal relationships, they were able to do so.

People were empowered to maintain their own privacy and this was respected by staff. People were proud to have their own bedroom door keys which enabled them to only allow other people or staff inside with their permission. The registered manager was thoughtful and creative to help improve people's right to privacy. They had recently bought a cordless landline phone that people could make and receive calls in the privacy of their bedrooms if they wished. One person said, "We used to have a pay phone here [in the hallway] and everyone could hear us when we were on the phone. But our beloved manager got us this [a cordless phone] so we can take it to our bedrooms and we can have private conversations if we want without everyone listening to us." People were pleased with this change and it further supported people's right to a private life.

The registered manager had a good understanding of the CQC's policy 'Registering the Right Support' (RRS) which helped to promote independence and best practice for people with learning disabilities and/or autism. The home was fully built around each person's individual needs and promoted a person-centred approach to all elements of the running of the home. The guidance was followed to support people to live their lives to the full and to be integrated into their local community. Although Heatherington House would not be regarded as a small-scale home, as identified in the RRS document with only a small number of people living in the home, it was clear that the registered manager had done all they could to provide all eight people with an environment that supported their independence. Additionally, we found numerous examples where the care provided was person-centred, promoted choice, inclusion and control as highlighted throughout the report.

People were supported to lead their lives in a way that enabled them to celebrate and be in control of their diverse needs. People consistently told us that they could lead their lives in their chosen way and they were encouraged to be part of their chosen community. One person said, "I like to go to church and the pastor from the church has been here [at the home] for a cup of tea and a chat." A member of staff also commented, "Individuals values, beliefs and backgrounds are recognised and their ethnicity, religious and cultural beliefs are embraced and celebrated. For example, one individual is supported to access a Sikh temple when they wish, and support staff have gone out of their way to learn about this religion and become informed." People were accepted and able to express their values as they wished.

People's decision making abilities were respected and people were able to access independent advocates. Staff recognised when people may benefit from this service and offered and arranged for people to have confidential meetings whenever necessary. This enabled people to receive impartial advice and support. Staff worked with each person and their advocate to help progress their decisions.

Is the service responsive?

Our findings

People living at the home, without doubt, were at the centre of their care and which enabled them to develop and grow in confidence. Each person had a unique care plan which detailed their care needs and had been created with the person. People told us they were in full control of the care they received, how they liked their support and when it was received. We reviewed one person's care plan and saw that people were fully involved in deciding and recording what their care plan contained. People's views were valued and was the focus of the care plan. Care plans contained excellent guidance for staff to provide consistent care for each person and this was regularly reviewed and updated with the involvement of each person.

Each person's care was completely personalised to their needs, beliefs and goals. People were fully involved in their care and making decisions about what they wanted from their support. Staff had an excellent understanding of the needs of each person and were passionate and motivated to help people achieve as much as they could. One member of staff said, "We all do what we can for them – we just want the best for them." Another member of staff praised the staff and management. They said, "The innovation and creativity of the staff team is remarkable and constant and has a positive impact on the lives of the supported individual."

People were supported to become fully integrated within their wider community. Staff worked collaboratively with people to identify how they would like to develop themselves. People had been enabled to understand the impact that exercising may have on managing their weight and improving their health and some people had become members at their local gym. Staff told us that people had built good relationships with the staff at the local gym and as a result people had been enabled to go to the gym on their own, with staff meeting up with them at a later point.

The service valued the involvement of the local community and ensured people were familiar with their local environment. People were supported to visit local amenities and go for local walks, or go further afield if they wished. The service also created their own community events in order to raise funds for the Prader-Willi Syndrome Association, for example by creating a cake sale and selling items people no longer wished to own. People living at the home had also participated in other community events and helped to raise money for other charities by completing sponsored walks.

Overwhelmingly and consistently, people were supported at every opportunity to become as independent as possible and to achieve their goals. For some people, this included regular day to day events, making meals for themselves and others and following a routine they had not previously been able to maintain, with improved health, behaviour, finances and social interaction. For others, this included experiences that they had not believed possible like travelling abroad, camel trekking, paragliding, and walking further than they had previously walked before.

Each person had their own unique goals about how they wanted to live their lives, some with a greater focus on earning money or having their own sense of satisfaction. Staff were committed to this and a number of paid jobs were advertised within the home to help stimulate people's interests. For example, one person

was particularly skilled at tidying and cleaning up and a cleaning job had been advertised and they had been successfully recruited. Other jobs including a domestic engineer and a quality assurance officer had been advertised internally by the provider. Other people had been successful in gaining paid employment away from the provider. One person said "I work at Travis Perkins. I'm quite busy, I'm out a lot."

Staff helped people with a variety of life skills, including applying for jobs. People were supported to apply for jobs, prepare for an interview and handle the outcome of an interview. For people that had gained employment they were able to understand the responsibility and obligations that imposed on them, further enabling their independence. The staff also supported people to manage their own finances, counting their own money and working out how they could save it or spend it. One person told us they used a finance sheet to help them manage this effectively. Each person's budgeting skills and abilities were accommodated to ensure this was manageable for each person.

People were incredibly proud of their achievements and staff were delighted at the progress each person had made. Staff spoke with pride, endearment and motivation about how much each person had achieved. People were equally grateful for the robust approach of staff to help them achieve all that was important to them. One healthcare professional commented, "My service user has been extremely well supported and as a result is making good progress with their goals... The service users all seem happy and are keen to talk about their achievements whenever I visit."

Staff at the home had taken innovative steps to meet people's communication needs. Staff discovered that one person had an understanding of sign language. The people and staff at the home were supported to learn sign language. There were posters around the home to help show people the signs for different words or phrases. One member of staff said, "This has really helped [name] feel good. We are learning from them and it is helping them communicate with us, we are all really enjoying it." Throughout the home there were a number of large visual displays to help people. For example, there was a full wall dedicated as a calendar to help people plan their events, activities and outings people wanted to complete. People's faces were on the activity planner to further help visualise what they were doing and what their plans were.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People could have information made available for them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand.

The service had an excellent understanding of people's social and cultural diversity. All the staff we spoke with were knowledgeable about people's backgrounds and preferences and were able to tell us how they supported people with their choices. Staff and people living at the home ensured that people's multiculturalism was represented within the home. For example, on the activity planner, awards had been painted around the edges to help decorate the planner, make it eye-catching and celebrating people's achievements. The awards had been painted to represent the people living at the home and accurately reflected people's nationalities and cultural backgrounds.

The provider valued staff and provided further opportunities to extend their basic learning and development. For example, staff were enabled to complete a specific qualification in understanding and supporting people with Prader-Willi Syndrome. This was a huge benefit to staff but also for the people living at the home. It helped staff understand how they could be truly effective at supporting people and challenge stereotypes. Staff were challenging and testing boundaries previously imposed on people with PWS and

they were determined to ensure they could have the same opportunities and independence as anyone else, wherever possible.

People were encouraged to provide feedback about the service and staff welcomed this. People had a keyworker, a dedicated member of staff that they could raise issues with and develop a trusting relationship with. People were specifically matched with this member of staff to try and get the best out of them, and to support them to provide feedback if they wished. People understood how they could make a complaint. There was information around the home in a pictorial format explaining how people could make a complaint if they wished. The registered manager welcomed feedback, particularly if something was bothering someone and people understood the philosophy that anything can be sorted out if people talk about it. At the time of the inspection no complaints had been raised but people understood that they could do so if they wished.

At the time of inspection, the home did not provide end of life care. However, people had been supported to complete a support plan specifically about what they would like to happen when they die. People were encouraged to have open discussions with their key worker and family about their end of life wishes which were completed with delicacy and respect.

Is the service well-led?

Our findings

The registered manager had won two prestigious awards during the previous year. This included the Manager of the Year Award by Caring Homes and Learning Disability Service Manager awarded by the National Care Awards. In addition, the care team were also recently shortlisted for the Care Team Award in 2018. This was recognition at a national level of the achievements of the home, and the staff within it. People who lived at the home, staff, and other healthcare professionals involved with the home consistently praised the approach of the registered manager and the way they managed the home. One person wrote a compliment to the registered manager stating, "[Name] you have shone since you have become manager of Heatherington House, for you bring [en]joyment to every one of us." Other comments about the registered manager included: "Margaret is an excellent manager." and "Margaret makes my heart soar as she dreams of lots of fantastic things for the people she supports." People and staff had respect and admiration for the registered manager who created an inclusive and empowering environment for all who lived or worked at Heatherington House.

The vision and culture at Heatherington House ensured that people who lived there could fulfil their hopes and dreams and lead as independent life as possible. The registered manager was determined to break down barriers and ensure that people's PWS diagnoses did not define their lives. They were continuously looking for ways to empower people and to make them comfortable around food items. The registered manager understood that outside of Heatherington House food could be obtained from anywhere and worked to prepare people for this, with exceptional outcomes for people. It was revolutionary that people with PWS could complete catering courses or participate in the Come Dine With Me challenge and have access to large amounts of food. People's health had dramatically improved since moving to Heatherington House and people benefitted from the custom care that each person received.

Staff at the home were equally as passionate and motivated about the incredible outcomes they could help people achieve. The approach of the registered manager encouraged staff to try new ideas and to flourish where their own skills lay, for example by creating beautiful artworks on the walls or taking people on adventure holidays they wished to complete. Each member of staff acted as a role model for the people that lived there and each person and staff members diversity was celebrated and emphasised. People and staff were grateful for this truly inclusive approach and understood they could be the person they wished to be.

The registered manager was committed to consistently driving improvements and the governance systems helped to support this philosophy. Governance systems within the home were effective and efficient at identifying where improvements could be made. People living at the home were involved in quality checking systems, for example by taking responsibility for the fire alarm testing, and their experience of care and living at the home was fundamental to driving improvement. There were a number of quality assurance systems in place which encompassed a variety of audits including the infection control, medication and finance. Actions were taken quickly to make any required improvements when necessary. For example, the finance audit highlighted concerns with access to the safe and this was actioned immediately to improve security. The registered manager and provider worked together to identify the experience of people living at the home and take action to improve this wherever possible.

Feedback and teamwork was a key component to the success of Heatherington House. The staffing team was fairly small to ensure consistency of staff, however the staff identified that improvements could be made to how they worked together. As a result, daily handovers were introduced to ensure all staff were aware of what had been challenging or successful in the previous shift. Staff told us they found this small improvement to have a big impact on the smooth running and consistency of care people received.

Opportunities for feedback were crucial and the registered manager valued new ideas, suggestions or areas for improvement. People who lived in the home held their own regular meetings with people volunteering to chair the meeting and setting the agenda, highlighting what was important to the people living there. Relatives were also encouraged to provide feedback, attend reviews and complete annual surveys. The registered manager was effective at collaborating with people and their relatives to resolve any concerns in a sensitive manner.

In addition, the staff held regular team meetings and the registered manager recognised that the frequency of these differed and therefore had vowed to set the dates for them throughout the year so they would not be forgotten. As the staff team was small most issues were discussed as they arose. The registered manager had an open-door policy and the staff were comfortable to approach them when needed. One member of staff said, "The managers really listen to us. We reflect on what's working and what could be changed. They're not afraid to try new things. For example, after Christmas we're going to try a new way of doing breakfast and see how that works out."

The provider was involved with the home and had systems in place to check they were reaching high standards. One member of staff said, "We always see the [the provider] here doing checks." We saw from the quality assurance records that the provider regularly met with people living at the home to gain their thoughts and feedback about the home. The provider worked with the registered manager and created a plan for further improvements in the home and checked that good progress was being made with this on a regular basis.

Staff performance helped contribute to the high-quality care people received. One member of staff told us, "We review our own performance and reflect on what we're doing well or where we could improve. It helps you think, and then the managers review how you're getting on. They really work on your skills and try to bring out the best in you. It's a great place to work." Other staff valued the feedback and support they received from the management to help them be better.

The registered manager and the staffing team continuously sought opportunities to learn and reflect on best practice, in order to challenge and create new ways of working. For example, by reviewing specific incidents, events that had been organised or by reviewing and reflecting on each shift. This approach had demonstrated successful and improved outcomes for each person, for example, with people requiring less support or having less incidents which required additional staff support.

The registered manager worked alongside other services owned by the provider and offered to provide support when necessary. This was of great benefit to the people that lived at Heatherington House. For example, when one person entered a relationship with a person that lived in a different home owned by the same provider. The registered manager offered guidance about the support that could be provided by the staff from the two services to ensure a smooth and consistent approach which would enable the couple's relationship to flourish.

The registered manager recognised the value of external influences and worked alongside other agencies. For example, the registered manager explained that good practice was shared from outside agencies

through fellow managers attending local partnership board meetings, including forums with the Prader-Willi Syndrome Association. In addition, the provider held monthly management meetings where information is shared and discussed to improve outcomes for people that use the services and to develop new ideas that may work for people at the other services.