Home Group Limited

Healey Supported Living Service

Inspection report

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Date of inspection visit:
07 August 2017

Date of publication:
13 September 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Healey Supported Living Service on 07 August 2017. The inspection was unannounced; this meant the service did not know we were coming. The service was registered in 2015 and this was the first inspection.

The service consists of a block of eight purpose built flats over three floors in a building staffed 24 hours a day, seven days a week. Each person's flat was self-contained with one bedroom. On the ground floor there was a communal lounge and kitchen area people used to socialise in with each other. At the rear of the building was an enclosed garden area with a lawn and seating area which overlooked the local cemetery.

People using the service had chosen the name Hilltop View for the building and this is how it was known to them, their relatives and staff. At the time of this inspection there were seven people living at Hilltop View, but only three were being supported with their personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe and relatives agreed. Staff knew how to recognise and report abuse. Risk to people had been assessed and managed.

Medicines were managed and administered safely. The service had worked with community healthcare professionals to safely reduce the number of medicines one person took.

Staffing at the service was adequate and recruitment procedures were robust.

Staff told us, and records confirmed, support workers received the induction, training and ongoing support they needed to provide people with effective care.

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 supported this practice.

People had access to a range of healthcare professionals to help meet their wider health needs. The service supported people to make meals and provided information and education around healthy eating.

Relatives and healthcare professionals we spoke with told us staff at the service were caring. People we spoke with told us they were happy at Hilltop View and we found the atmosphere at the service was inclusive and homely.

People were directly involved in designing and reviewing their goal support plans and risk assessments. Quarterly review meetings were held and individuals decided who they wanted to attend.

The service focused on increasing people's independence. It also raised awareness of equality and diversity issues, and ensured people had access to advocacy services when they needed them.

No formal complaints had been made about the service. Relatives told us they could feedback to the service at any time and any issues they had experienced in the past had been resolved.

People had been involved in developing an easy to read complaints leaflet. The service checked people had understood the complaints process.

People's care files contained detailed person-centred information about how they wished to be supported. Communication passports and hospital passports were in place in case people needed to transition between services.

People allocated hours for activities as part of their care packages had access to a range of activity opportunities at the service and in the community.

Feedback about the registered manager was positive. Staff could describe the values of the service and records showed they were emphasised in staff induction, supervision sessions and at team meetings.

A range of audits were used to monitor the safety and quality of the service, of which the provider had oversight. People using other services run by the provider had undertaken an inspection and audit at Hilltop View.

People and their relatives had opportunities to feedback about the service at Hilltop View. Staff had regular meetings where their contribution to the service was recognised by the registered manager.

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.

People told us they felt safe at Hilltop View. Records showed risks to people had been assessed and managed.

Systems were in place to ensure medicines were managed safely for people.

Sufficient numbers of staff were deployed to meet people's needs. Recruitment at the service was robust.

Is the service effective?

Good

The service was effective.

Staff received the training and supervision they needed to provide effective care and support.

The service was compliant with the Mental Capacity Act 2005.

The service promoted healthy eating and supported people to develop independence around meal preparation.

People had access to a range of healthcare professionals to help maintain their holistic health.

Is the service caring?

Good

The service was caring.

People liked living at Hilltop View. Their relatives and other healthcare professionals described staff as kind and caring.

The service focused on promoting and increasing people's independence.

People were involved in designing and reviewing their support plans and decided who they wanted to attend their regular review meetings.

Is the service responsive?

Good

The service was responsive.

People's support plans and associated documentation was detailed and person-centred.

No complaints had been received by the service. Relatives told us they felt able to complain if they needed to. People had helped design an easy to read complaints leaflet for their use.

Is the service well-led?

Good

The service was well-led.

Feedback about the registered manager from people, their relatives and staff was positive. Relatives said the service was well-managed.

Audits were in place to monitor aspects such as care files, medicines, and accidents and incidents. The provider had oversight of the quality and safety of the service.

Staff were encouraged to recognise the contribution of their peers. Schemes were in place to reward staff for their hard work.

Healey Supported Living Service

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 07 August 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection the provider was asked to complete 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. We used this to help plan the inspection.

Prior to the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, and the Clinical Commissioning Group. After the inspection we also received feedback from four healthcare professionals involved with people using the service.

During the inspection we spoke with two people who used the service, a service coordinator, two support workers, the registered manager and a service manager for the provider. After the inspection we spoke with two people's relatives by telephone.

As part of the inspection we looked at two people's care files. We also inspected two staff recruitment documents, staff supervision and training records, one person's medicines administration records, accident and incident records, and various records relating to the running of the service.

Good

Is the service safe?

Our findings

We asked people using the service if they felt safe. One person said they did and the other person was not able to answer. People's relatives told us they thought their family members were safe. One relative said, "There's someone there 24 hours a day and it's a secure building", and a second relative told us, "It's everything really; I know [my relative] is safe and the building is secure."

Support staff could describe the different forms of abuse people may be vulnerable to and said they would report any concerns appropriately. Concerns had been raised by staff at the service about people forming relationships with others, and how affection was at times displayed by some people towards others. To ensure people were fully informed about friendships and relationships, and the social norms around others' personal space, the service had arranged for a specialist nurse to provide a learning session at Hilltop View. It took place on the day of this inspection and we heard lively debate and participation by the people involved. The specialist nurse told us the session was, "Well supported and received by the staff team on hand and I have confidence in the management to implement the suggestions which came from the session." Records showed staff had discussed topics such as letting strangers into the building, bullying, and feeling able to challenge others' behaviour with people at their weekly meeting. Staff had also played 'Safeguarding Bingo' with people at one of the Wednesday afternoon service meetings, to raise awareness of the types of abuse and how to report it. This meant the service promoted people's independence to make decisions around their safety.

Other risks to people were also assessed and managed by the service. We saw people's support files contained risk assessments which were person-centred. For example, one person risk assessments included those for behaviours that may challenge others, road safety, finances and a specific medical condition; a second person had risk assessments for response to the fire alarm during bathing and awareness of others' personal space. One healthcare professional told us, "They manage risk well to support people's independence."

The service used weekly meetings to provide regular reminders around infection control risk and the importance of handwashing. Regular checks were made on the fire equipment at Hilltop View. The service held regular fire drills where people practiced evacuating the building. People also had personal emergency evacuation plans in place to inform emergency professionals what support they needed to leave the building in an emergency. This meant the service assessed and managed risks to individuals.

As part of this inspection we looked to see how medicines were managed and administered by the service. Only one person was receiving support with their medicines at the time of this inspection. We observed staff supporting the person to take their medicines during the inspection, with the person's permission. The person's medicines were stored in a locked cupboard in their flat. We saw the support worker washed their hands and spoke to the person about the medicine they were to take and what it was for; they also checked the person's dosette pack against their medicine administration record (MAR) to make sure the medicine in the pack were correct, and signed the MAR after the person had taken the tablet. We checked the person's MAR and there were no gaps in recording, which evidenced the person had received their medicines as

prescribed. This meant medicines administration at the service was safe.

Since the person being supported with medicines had moved into Hilltop View their GP and community learning disabilities team had been working to reduce the amount of medicines the person took. Records showed the service had monitored the person for any ill-effects of medicine reduction and worked with community healthcare professionals to support the person during the process. One community healthcare professional told us, "From discussions with my colleagues and other professionals involved with this service I have not heard of any concerns regarding their (the service's) ability to manage medication changes implemented by our service." A second said, "We have worked very successfully on a medication reduction programme which has significantly benefited the service user in question", and that this had, "Showed an understanding of the day to day management of medication (by the service), with regular liaison with GP and nursing teams." This meant the service supported people to manage changes in their medicines.

The registered manager explained the process of ordering and returning medicines to the pharmacy when required, and we saw there was a process for booking in new medicines which involved two members of staff. The person receiving support with their medicines was prescribed a medicine which was to be taken 'when required', in other words, when they felt they needed it. The person's medicines care plan included information around when the person might need the medicine, as is good practice. However, we noted the service did not keep a running total of stock levels of the 'when required' medicine. The registered manager said she would rectify this immediately.

Another person using the service self-administered their medicines. We saw a risk assessment was in place which evaluated the person's competence to manage their own medicines; this was weighed against the risks of the person not taking their medicines correctly. This meant the service promoted people's independence to take their medicines safely.

Hilltop View was staffed by one support worker at all times, day and night. The provider had an overnight on-call system in case staff needed any additional support or advice. None of the people using the service required two-to-one support. During the day other staff, including the registered manager and team coordinator also worked from the office. In addition, people had allocated hours where they received one-to-one assistance from care workers with aspects of their personal care. Relatives we spoke with told us people received the support they required and daily records evidenced this. One relative commented on the turnover of staff at the service, but then said, "I suppose you can't stop people (staff) moving on." The registered manager told us the service occasionally needed to rearrange people's one-to-one hours, with their permission, due to staffing issues but this was not often. The service also used agency support workers at times, however, the registered manager informed us, "They (agency workers) don't do personal care until I've signed them off for it. I can call the agency after that and they'll only send familiar faces." This meant the service was staffed adequately and tried to ensure consistency in the support people received.

Shortly before this inspection the service had recruited new support workers. We checked the recruitment records of two support workers employed by the service and found all the required documentation was in place to evidence robust recruitment procedures were followed.

Good

Is the service effective?

Our findings

We asked people's relatives if they thought the staff at Hilltop View were well-trained. One relative responded, "I've had no concerns", and a second said, "I'd say so, yes."

Support workers told us their access to training at the service was good. One support worker described the range of mandatory training courses they had attended and said, "We can ask for other courses if we want to." A second staff member told us, "They (the provider) do a good training programme." The service's training matrix listed courses each staff member had to attend and those which were optional. Mandatory training included fire safety, first aid, safeguarding, and manual handling. We saw most staff were fully up to date with all the training they needed; the registered manager told us she checked each month to make sure no courses were overdue. This meant staff received the training they needed to provide effective care.

The registered manager told us all new staff employed were enrolled on the Care Certificate, even if they were not new to health and social care, if they did not have a National Vocational Qualification (NVQ) Level 2 in health and social care or higher. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. Records showed staff newly employed had been enrolled on the Care Certificate. Staff employed with an NVQ at Level 2 or higher had their qualification mapped against the Care Certificate requirements during supervision, to ensure all areas had been covered. One support worker explained how their induction had prepared them to support people as it had consisted of a combination of training and shadowing other staff. This meant the service ensured staff new to the service got the training they needed to provide effective care.

New staff members were also checked for their competency to support people with aspects such as personal care, prior to being allowed to provide people with one-to-one support. Records showed people were involved in this assessment of competency; their feedback was sought regarding how supportive and friendly staff were towards them. This meant people helped to decide whether staff had the right skills and experience to support them.

Support workers told us they received regular supervision. One support worker said, "It's useful. You can discuss your good parts and areas you need to improve", and a second told us, "We get personal objectives." Records evidenced support workers' access to supervision was regular and the registered manager showed us a planner where upcoming supervisions with staff were already booked in. This meant staff were supported in their roles by regular one-to-one meetings with management.

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). Hilltop View is a supported living service, as people have their own tenancies; for this reason DoLS does not apply.

Relatives told us their family members made their own decisions. One relative said, "[Name's] supported to make [their] own decisions", and a second commented, "[Name] can make [their] own decisions."

Support workers we spoke with could describe the MCA and how they supported people to make decisions by explaining information and providing choices. Records showed one person had been assessed as lacking capacity to manage their medicines; a best interest decision had been made for them for the service to manage their medicines. The person had consented to other aspects of their care by signing their goal support plans and risk assessments. A second person's care documentation also contained goal support plans and risk assessments which they had signed to evidence they had been consulted and consented. The registered manager told us, "We always assume someone has capacity." This meant the service was compliant with the MCA and supported people to make decisions about their care and treatment.

Records showed one person experienced behaviours which may challenge others on occasion. A detailed goal support plan was in place which described potential triggers for behaviours and how staff could support the person to manage them. A support worker we spoke with could describe the person's behaviours and triggers and we observed them interact with the person in a friendly and supportive manner. This meant staff supported people who experienced challenging behaviour in a person-centred way.

People had access to a range of healthcare professionals to support their wider health needs. Some people's families booked health appointments and accompanied people to them and other people were supported by the service, depending on their preference. People's records evidenced they had seen GPs, members of the community learning disabilities team, dentists and had attended outpatients appointments. Feedback from other healthcare professionals we contacted as part of this inspection was all positive. Comments included, "I have only had positive experiences with Healey Supported Living Service (Hilltop View). All recommendations and plans I have put in place have been carried out by all staff and staff have then gone on to expand on the plans independently", "Our plans of care appear to have been adhered to as prescribed", and, "I am confident that the staff at Healey (Hilltop View) would contact our team for advice and guidance should they feel that this is necessary." This meant the service worked with other healthcare professionals to ensure people's wider health needs were met.

As part of their care packages people were supported to make meals in their flats by staff. We saw people's needs in terms of eating, drinking and food shopping was described in their goal support plans. Records showed the service used mealtimes as a means of getting people who used the service together to socialise; an emphasis was also placed upon awareness-raising around healthy eating. Each Wednesday people met with staff in a communal space for a 'coffee afternoon' and discussed which meal they would cook together the Friday that week. On Fridays staff supported people to cook the meal they had chosen and then created an easy to read version of the recipe for people to use in their flats at another time, should they wish. Saturday night at the service was 'takeaway night' where people got together and ordered food in, and Sunday was 'baked potato night', when people cooked their own potatoes but ate together in the communal area. This meant the service used cooking and eating as a way of promoting people's choice and independence, to socialise, and to educate people around healthy eating.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy at Hilltop View; one person said, "I like everyone that lives here." Relatives said staff were kind and caring. One relative told us, "Yes, they (the staff) are caring", and a second said, "The staff are absolutely fantastic." Healthcare professionals we spoke with were also complimentary about the staff at the service. Comments included, "The staff are always friendly", and, "In my dealings with the service and their management and broader staff team they have always struck me as caring, compassionate and able to competently advocate and support the individuals residing at the home."

During this inspection we observed staff interacting with people in a relaxed and friendly way. We heard laughter and banter exchanged, and found the atmosphere to be pleasant and homely. One relative said of the service, "People are always happy, laughing and mischievous. The staff are always laughing and joking with them", and a healthcare professional commented, "People all seem really relaxed there."

The registered manager said the goal for all people using the service was to live independently in the community; she told us, "Moving to the community is the ultimate goal but it's (Hilltop View) a home for life if needs be." People's records evidenced the support provided was empowering and focused on maintaining and increasing people's independence. Support plans were called 'goals' and were in place only until the person had achieved competency in that particular aspect of independent living. For example, we saw one person's goal had been achieved when they had become able to manage their own laundry; the same person told us, "I put the bins out."

Relatives and healthcare professionals involved with the service gave us positive feedback about the service in terms of developing people's independence. One relative said, "It's been fantastic! [My relative's] much more independent and does much more for [themselves]", and a healthcare professional told us, "The staff are caring and knowledgeable. They really promote people's independence", then added, "[Name] has flourished since [they've] been there. They've (the staff) done a fantastic job."

Support staff gave us examples of how they promoted people's independence whilst respecting their privacy and dignity. One support worker told us a person who needed support to bathe and shower could now manage this themselves with prompting. The support worker said rather than being in the bathroom with the person, they now waited in the next room with the door ajar in case the person needed anything, and explained, "We encouraged [name] to buy a back scrubber so [they] could wash [their] own back." This meant the service focused on promoting people's independence.

People were involved with designing and reviewing their goal support plans and risk assessments. One healthcare professional told us, "Residents have regular reviews in which family and the service user are in attendance and any concerns are identified and acted on as a result of these reviews." These meetings were held on a regular basis to discuss people's progress in terms of their goals, and each individual decided who came to them. People could invite relatives, staff from the day centre they attended, staff from Hilltop View, and healthcare professionals from the community team. Records showed the meetings involved a

discussion about what had gone well and what not so well. People were also asked for feedback about the service and what, if anything, they wanted to change. This meant people were at the heart of the decision-making process in terms of the support they received.

The service promoted equality and diversity. Records showed the weekly 'coffee afternoons' on Wednesdays were used to discuss various issues and to raise awareness. For example, discussions had been held around sex and relationships, HIV, different learning disabilities and dementia. The service also held quarterly equality and diversity meetings which they called 'Getting to know you' meetings, which involved awareness-raising around a range of issues.

The registered manager told us none of the people using the service had an advocate at the time of this inspection. Records evidenced advocates had been used when people had made the transition from living with relatives to living at the service. One person had also been referred back to advocacy services when staff felt they needed independent advice with their finances. This meant the service supported people to access advocacy services when required.

Good

Is the service responsive?

Our findings

No formal complaints had been made by people or relatives about the service since it opened in 2015. The registered manager told us relatives usually chose to give any feedback verbally and she acted upon any concerns. Relatives we spoke with confirmed this. One relative said, "If we have (raised concerns verbally) we've sorted it out", and a second told us, "You can talk to the staff if there's anything you're not sure about and they explain everything to you."

The service had a complaints leaflet in an easy to read format, which had been designed especially for people with learning disabilities. Records showed people had been consulted on the content and design of the leaflet and staff had confirmed their understanding of the complaints process. This meant people had been supplied with information on making complaints in a format they could understand.

People's support plans were called 'goals.' We saw people's goals focused on promoting their independence to carry out the activities of daily living, for example, with washing and dressing or meal preparation. People's goals were assessed at quarterly review meetings where there was discussion over the person's competence in terms of each goal; where people had achieved competence goals were deemed to be complete. This meant there was an emphasis on building people's independence and moving forwards.

We saw people's goal support plans were detailed and person-centred. They were accompanied by risk assessments and control measures, which considered and reduced the risks associated with each goal. For example, one person had a goal support plan for epilepsy and the risk control measures included a sensor on their bed to detect night-time seizures. Their goal plan stated, 'I like to take part in testing me epilepsy sensor by tapping the bed', which evidenced the person's participation in monitoring the risk associated with their medical condition. We saw people had signed their goal support plans and risk assessments, thereby confirming their involvement in the planning of their support and consent to the care and treatment they received.

An 'About me' summary was included in each person's care file. This contained information about the person's likes, dislikes and preferences. It also summarised the person's medical conditions and their type of learning disability, and listed the healthcare professionals involved with supporting the person.

People's care files contained detailed information about their preferred methods of communication, in the form of a communication plan. These described how people communicated verbally and any facial expressions or body language they used. The communication plans also described how to tell when a person was feeling a range of emotions, including being happy, sad, angry, excited and in pain. People had signed their communication plans and we saw they had been reviewed regularly. This meant staff at the service unfamiliar with the person, for example agency staff, had access to essential information about how the person communicated.

People's care files also contained hospital passports and communication passports. These are documents which contain information about each person's medical history and health needs, and communication

preferences, respectively. Passports are useful when people transfer between services, for example, if they need a hospital admission, as they provide vital information about a person which they may be unable to share.

People were supported to access activities according to the hours they were allocated in their care packages. Records showed people accessed day centres, went to the cinema, regularly went out to eat or to the pub, and got together with other people who used the service several times weekly in the service's communal area to eat and socialise. One relative said of their family member who used the service, "[My relative] spends more time in the pub than I do!" Hilltop View had a big garden and records showed people living there had received a donation of money towards its improvement for their use, and were in the process of deciding how to spend it. This meant people allocated hours for activities had a range of options they could choose from.

Good

Is the service well-led?

Our findings

Feedback about the registered manager and the general management of the service was positive. One relative said of the registered manager, "She's approachable. I'm sure she'd see me if I had a problem", and a second told us, "She's really nice; you can approach her if you need to." A healthcare professional we consulted about the service told us, "The systems I have observed appear to be well managed and the communication from team leaders to care staff seems very good." Comments from support workers about the registered manager were also positive; one told us, "She's nice. She's one of the better managers I've had", and a second said, "She's open and honest with staff. She's firm but fair."

A range of regular audits were in place to monitor the safety and quality of the service. This included care files, medicines, accidents and incidents, people's financial records and daily records. We saw examples of when issues had been identified and improvements made. A manager from another service run by the same provider came to support the registered manager on a regular basis with audit. The registered manager told us, "It's a good idea as it stops us being complacent." A manager from the registered provider had oversight of the service's audit systems on a regular basis as it was a discussion item in the registered manager's supervision sessions. The provider also received information directly around any accidents, incidents or near misses as these were reported on an electronic system. The registered manager attended meetings with fellow managers from other services run by the provider to discuss any issues with regulatory compliance and to share good practice. This meant there was an effective system of audit and quality improvement in place at the service.

Records showed Hilltop View had been audited by people who were supported by another of the provider's services. Three people had visited the service in December 2016; they had toured the building and spoken with three people who lived at Hilltop View and three members of staff. The auditors had rated the service in terms of its safety, the quality of service provision and attitude of the staff and rated the service as 'gold' – the highest rating. We saw a completed action plan based upon feedback from people and the auditors' observations which showed how improvements had been made following the visit. This meant the provider involved people using their services in quality improvement.

Regular meetings were held at the service which people could attend to discuss issues, receive information and provide feedback. They were called 'Wednesday coffee afternoons' to make them feel less formal and accessible to all. Minutes from these meeting showed a range of issues had been discussed. These had included deciding on a visitors policy and 'house rules', the Friday cooking club, people's preferences for activities, and how to spend money donated to the service. The registered manager told us, "We (staff) prompt and they (people) lead the meetings." At a meeting in April 2017 people had agreed to invite their relatives once every three months to the Wednesday coffee afternoon; records showed they had taken part in the meetings and provided their own opinions and feedback. People had also decided they wanted to start a new quarterly newsletter for their relatives, to keep them up to date with what was happening at the service. We saw the July 2017 newsletter contained information about Wednesday coffee afternoon discussions, upcoming events, and photos of new staff who had joined the service.

People were given other opportunities to feedback about the service. Regular questionnaires were sent to people, which staff helped them complete if they needed it. Questionnaires covered a range of aspects, including their level of independence, the quality of the building and facilities, whether they felt they were treated with respect, and whether any complaints they had made were acted upon. This meant people and relatives had opportunities to feedback about the service people received.

Regular staff meetings had been held at the service. Minutes showed these had involved discussions around policy updates, safeguarding issues, training, record-keeping and feedback received by the service. One support worker told us, "We talk about health and safety, changes in policies and procedures, regulations and changes in the clients." A second support worker said they felt confident to raise any issues they had at team meetings. The provider had set up a social media-style closed group to be used by staff to communicate. Its purpose was to reduce email traffic for workers and could not be accessed externally. This demonstrated a modern and open culture was promoted by the provider.

Staff meeting minutes showed the provider's values were also a regular discussion item at team meetings. We asked the registered manager how else she promoted the values of the service to the staff that worked at Hilltop View. She said this was done as part of the induction programme, during supervision and at team-building events; she told us, "The values are instilled in staff every day." Both support workers we spoke with could explain the provider's values, which are accountable, caring, energised and commercial. When asked why they worked at Hilltop View, one support worker said, "I wake up every day and love to come here. I'm constantly thinking of new ways to improve people and involve people." Discussions with staff and our observations around the service showed staff worked in line with the provider's values.

The provider ran various recognition and reward schemes for staff. In addition, the registered manager awarded two prizes at each staff meeting. One was for the staff member who had received the most positive feedback from colleagues via either an electronic 'e-cards' system or paper slips in a 'values box' located in the office. A second prize was awarded by the registered manager to the staff member she felt had been of most value that month. She said of this award, "It kills me to give it because all the staff work so hard." This meant the provider fostered a culture whereby staff were encouraged to recognise the contribution of their peers and were rewarded for their own efforts to live the values of the organisation.

The registered manager understood her responsibilities with respect to the submission of statutory notifications to the Care Quality Commission (CQC). Notifications for all incidents which required submission to CQC had been made. This inspection was the first since the service was registered with CQC in 2015; there were therefore no previous inspection ratings for the service to display in the building or on its website.