

Consensus Support Services Limited

Heatherington House

Inspection report

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Date of inspection visit:
10 May 2016

Date of publication:
05 July 2016

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection took place on 10 May 2016 and was unannounced. At the last inspection in August 2013, the provider was meeting the regulations we looked at.

Heatherington House specialises in providing support for up to eight people living with Prader-Willi Syndrome (PWS). This is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life threatening obesity. The service is situated in a residential part of Kettering, close to local amenities. On the day of our visit, there were seven people living in the service.

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

The service provided exceptionally person-centred care which helped people to make remarkable changes to their health and general well-being. People told us numerous stories of just how much difference the care they received had made to them; sometimes even changing their lives for the better, giving them a new lease of life. Devoted staff provided bespoke care and support, tailored to people's individual needs and based on their likes, dislikes and individual preferences. They worked effortlessly to encourage and stimulate people to consider doing things they might not have done previously, not recognising barriers and making things possible for people.

Staff were passionate in their intentions and supported and encouraged people to access the local community and participate in activities, including voluntary and paid work placements. These opportunities were incredibly important to people as they empowered them to have meaningful and fulfilled lives, becoming fully integrated within the local community. The opportunities they had were provided by skilled staff who worked hard to give people every chance to undertake the things that they wanted to, to be adventurous and achieve independence. This gave people a huge sense of self satisfaction and self-belief, leading them to consider moving on to more independent living opportunities.

People felt safe in the service. There were appropriate systems in place to safeguard people from the risk of harm and staff understood the process of reporting suspected abuse. Risks to people had been assessed and detailed the control measures in place to minimise the potential for future risks to occur and to help keep people safe. They provided information to staff about actions to be taken to minimise any risks whilst allowing people to be as independent as possible. Staff were aware of the importance of their role in reporting incidents that placed people at risk of harm.

There were sufficient numbers of suitable staff to meet people's needs and provide them with the individual care and support they required at the times they needed it. Robust recruitment processes, including pre-employment checks, had been followed to ensure that staff were suitable to work with people.

Safe systems were in place to ensure that people received their medication in line with their prescriptions. Staff ensured that medication was administered, recorded and stored in accordance with best practice.

New staff received induction training, which provided them with the essential skills required to support people in accordance with their needs. Staff received regular training and development which provided them with the right knowledge and skills to meet people's needs in a person centred manner.

Staff complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS.) People were actively involved in decision about their care and support needs. Where required there were formal systems in place to assess people's capacity for decision making under the MCA DoLS.

People were supported to have a healthy and balanced dietary intake by staff that had a good awareness of the intricacies of PWS and the impact this has upon people's desire to eat. As a result of this people could access suitable amounts of food and drink that met their individual preferences. Processes were in place to ensure that people's health and wellbeing needs were closely monitored and any guidance followed to meet individual needs.

High quality care and support was provided to people by staff that were seen as very approachable, flexible and always willing to listen. Staff were compassionate and warm in their relationships with people, happy to show affection and patiently supporting people to do the things they wanted to. Staff understood how people preferred to be supported on a daily basis and worked hard to ensure they had an enjoyable and purposeful life, based on the things they wished to achieve. There was a calm and positive atmosphere within the home; people were very much at the heart of the service delivery which was provided by staff who wanted the best for people. People were encouraged to be as involved as they wanted to in their care planning. Staff worked hard to promote and protect people's rights and maintain their privacy and dignity, whilst respecting their human rights.

People and their relatives were encouraged to contribute to the development of the service and their feedback was used to help identify areas for development in the future. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. People were confident that any concerns they had would be listened to and acted upon to make improvements.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run. The culture within the service was forward thinking, open and positive, with all staff striving to provide the best care and support they could. The registered manager and provider regularly assessed and monitored the quality of care provided to people so that they could drive future improvement and make changes for the better. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

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 were safe and relaxed in the service and the presence of the staff that supported them. Staff were clear on their roles and responsibilities in protecting and safeguarding people.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

People were supported to take their prescribed medicines by staff that used robust systems and processes to manage medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were actively involved in decisions about their care and support needs and how they spent their day.

People were supported by a range of health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good ●

The service was very caring.

Positive interactions existed between people and staff which meant that people felt as though they mattered and were

empowered to achieve all that they wanted to. People considered that staff were extremely kind and caring and received consistent support in the way that they chose.

Staff had a detailed understanding of people's needs and preferences which enabled them to support people to make decisions about how their support was provided. They were passionate about the care they provided to people.

Staff promoted people's independence in a collaborative way, using advocacy support services when required.

Is the service responsive?

Outstanding 

The service was very responsive.

People were empowered to have meaningful and fulfilled lives, becoming integrated within the local community and having voluntary and paid work opportunities.

The opportunities they had were provided by skilled staff who worked hard to give people every chance, to undertake the things that they wanted to, to be adventurous and achieve independence. This gave people a huge sense of self satisfaction and self-belief, leading them to consider moving on to more independent living opportunities.

Staff worked hard and were devoted to ensuring that people's needs were met in a person centred way, which benefitted them not only in terms of their health and well-being but in terms of their social engagement.

There was a clear focus on the importance of knowing people's histories and involving significant people at every step of a person's care.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner.

Is the service well-led?

Good 

The service was well led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post who was actively involved and

a visible presence in the service. They worked alongside staff and offered regular support and guidance to both staff and people.

People, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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 10 May 2016, and was unannounced. The inspection was undertaken by a team of two adult social care inspectors.

Prior to 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. We also reviewed other information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We spoke with six people who used the service to gauge their views of the care they received in the service. We also spoke with the registered manager, one team leader, five members of care staff and the cook.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed four staff recruitment and training files and staff duty rotas to ensure that staff were appropriately trained and that they were sufficient in numbers to ensure people's needs were met. We also checked four medicines administration records and reviewed how complaints were managed. We reviewed records relating to the management of the service, including quality audits and health and safety checks, to ensure the service had robust systems in place to monitor quality assurance and to drive future improvement.

Is the service safe?

Our findings

People felt safe. One person told us, "Oh yes, I am safe here." Another person said, "I feel very safe. Staff help me with things and I know if I need anything they will be there for me; that makes me feel safe." They went on to say that staff took action to support them and manage anything that was likely to cause concern for them. We observed that people were relaxed in the presence of each other and the staff that supported them. As visitors to the service, the registered manager ensured that people knew who we were and our purpose for being there. People were supported to remain safe because of the systems and processes in place.

People were cared for by staff that knew how to recognise when people were at risk of harm and understood what action to take to keep people safe and report concerns. Staff understood the different types of abuse which existed and were able to say how they would report it if they suspected that abuse had taken place. One staff member told us, "We would speak with the team leader or manager if we had any concerns at all." The team leader said, "We really work hard to keep people safe here." Staff were aware of the provider policies and procedures and felt they would be supported to follow them.

We found notices within the service which gave information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC). We found that safeguarding referrals had been made to the local authority when required and lessons learnt from incidents, so as to drive future improvement and prevent reoccurrence. The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

People were protected against risks to their health and safety and had assessments in place that identified potential risks and guided staff as to how to keep people safe. People told us they were aware of their own risk factors, including those associated with unhealthy eating. Staff were aware of the identified risks and understood how these should be managed to ensure their safety, whilst prompting independence. For example, risks associated with managing people's finances, and accessing the local community, or the support people required so that they could safely increase their independence. We saw that risk assessments had been developed with input from the individual, family and professionals. They explained risks and detailed how to ensure that people were protected from harm.

Accidents and incidents were recorded and discussed with staff when appropriate so that any patterns or repeated accidents were reviewed and action taken to prevent further occurrences. Staff told us that all incidents were responded to appropriately which meant that the registered manager supported people and staff to remain safe and that lessons could be learnt.

There was enough staff to keep people safe and to meet their needs. One person said, "There are lots of them here, we get to go out when we want to and they always help us. There are enough of them for us all." Staff told us they were happy with the number of them on duty at each shift, but said that the numbers were flexible to allow for any changes, should this be needed. The registered manager also confirmed that additional staff would be provided when necessary, such as if a person's needs changed. For example, the

registered manager told us they had recently recruited more staff in readiness for a new person preparing to move in. Records confirmed that their allocated hours had already been covered.

Rotas were planned in advance to enable enough staff to be on duty to support people with their chosen activities and to maintain their preferred routines.

There were safe recruitment practices in place. One staff member said, "I had an interview, then had to bring in proof of ID, have a Disclosure and Barring (DBS) check etc. before I could start." We looked at recruitment files and found that relevant checks had been completed to ensure that the applicant was suitable for their role before they had started work. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment. New staff underwent a six month probation period so that any concerns about practice could be discussed and actioned. People were safeguarded against the risk of being cared for by unsuitable staff because staff were thoroughly checked before they commenced employment.

People were happy with the support they received to take their medication. One person said, "I always have my medication." Another person told us, "[Staff Name] gives me my tablets when I need them." We observed that people received their medication when they needed it. We watched the registered manager giving one person their medication. This was done in the medication room with the correct protocols being followed. We noted that the person was asked if they were ready and was told what each medication was. The registered manager made sure they had been taken and also offered them their inhaler, which they wanted. The Medication Administration Record (MAR) was then checked and completed. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Staff also had their competency to administer medicines rechecked on an annual basis to ensure that knowledge was refreshed.

We reviewed four people's Medication Administration Record (MAR). These contained a full sized photograph, a list of their medication including what it was for and any possible side effects, a homely remedy sheet, protocols for any PRN medication and their MAR sheets. We carried out a stock check of some boxed medication and found these to be correct. The registered manager said, "We do a medication audit each Monday which I then feed into my monthly return for head office." We noted that any boxed medication and on-going stock amount was added to the MAR sheet. Medicines were stored appropriately with daily checks of the temperature to ensure that the storage of medicines was within the guidelines set by the manufacturer. Medical alert packs were accessible for staff to support them in respect of potential contra-indications associated with medications and PWS. There were appropriate arrangements in place for the management of medicines.

Is the service effective?

Our findings

People thought staff understood their roles and knew how to meet their needs. One person said, "They know what help I need and understand my condition. I get all the right help." Another person told us, "They must know what they are doing, as they always know what to say to me." We observed that people's needs were well managed and met in accordance with their individual preferences. People received support from staff that had received training which enabled them to understand the needs of the people they were supporting.

New staff underwent a period of induction which enabled them to read people's care plans and understand their needs, review policies and procedures and spend time shadowing more experienced staff. The registered manager told us that all new staff had an induction programme that was competency based, and records confirmed this. We found that this was in line with the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of behaviour that all staff should achieve.

Staff also completed a range of training that ensured they were able to carry out their roles and responsibilities appropriately. One staff member said, "We have a variety of training, face to face and e-learning." The team leader told us, "Training is really good, top notch. They are so good that for the new person coming into the service, we already have some training booked that will help us to meet their needs." Another staff member said, "The training really helped me when I started, I did not know anything and the training has helped me to feel confident in what I do now." The registered manager confirmed that staff received regular training to keep their skills up-to-date. We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, person centred planning and specific courses about Prader Willi Syndrome (PWS) and challenging behaviour management techniques. PWS is a condition where people have a chronic feeling of hunger that can lead to excessive eating and sometimes life threatening obesity.

Staff told us they were also supported to undertake nationally recognised qualifications, for example Qualification Credit Framework (QCF) Level 3 and 5. The registered manager and provider monitored staff training and reminded staff when refresher training was due. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff confirmed that the registered manager was a great source of support to them, not only through the provision of supervision but by having an 'open door' policy. One staff member told us, "[Registered Manager's Name] is always available. We can speak with her about anything." Another said, "She is very supportive, even if it is personal stuff, we can talk to her and she will listen and help." We saw that the registered manager and team leader worked alongside staff on a regular basis which helped provide an opportunity for informal supervision and to maintain an open relationship. Records showed that staff received regular supervisions, competency assessments and an annual appraisal. For those staff undergoing induction, we found that end of induction meetings were held with action points being compiled where appropriate.

Consent was sought from people before they received care. People told us that staff always asked them before supporting them with any aspect of their care and that they were able to exercise choice. One person told us, "They always make sure I am happy with things and give me a choice. I know I can say 'No' if I want to." Our observations confirmed that staff asked people what they wanted before doing something to ensure they were in agreement.

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.

Most people had capacity to make decisions about their support and care. However, staff had an understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. The registered manager told us, and records confirmed that they and staff had received training on the requirements of the MCA. The registered manager and team leader were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLS for some people, as staff in conjunction with other healthcare professionals, considered that their liberty may have been restricted. These actions showed that staff understood their responsibilities under DoLS arrangements.

People were supported to maintain a healthy and balanced diet and told us they had sufficient amounts to eat and drink. One person said, "I do like the food, it is always nice." Another person said, "We get a choice." We asked one person if they were going to have some breakfast, and they replied, "Yes, I am having some porridge." When they had finished they said, "It was nice porridge." They then went on to tell us how they helped in the kitchen, saying, "I wash up and help chop vegetables and things." It was apparent how much enjoyment they received from being involved in the process of food preparation.

The registered manager and cook told us that they hoped to introduce a new system whereby each person had a designated day of the week where they would be involved in the shopping, preparation and cooking of the meal if they wanted to be. It was hoped that this would further enhance people's knowledge of the importance of eating a healthy diet. We saw that menus were currently planned in advance over a four week period and were based around a low calorie, low fat diet to aid a healthy lifestyle. A different meal was available for people every day but a choice was available if people did not want what was on offer.

People had nutritional assessments completed to identify what food and drink they needed to keep them well and which were based upon their specific needs within PWS. Staff monitored people's weight on a regular basis and compiled care plans in respect of nutritional needs if this was required. Records showed that people had made lost significant amounts of weight in line with professional advice and that regular monitoring of people's weights was on-going to ensure they remained within a healthy range.

People were supported to access other services, such as the local hospital, optician or dentist. One person discussed how staff attended appointments with them, so that they could offer guidance and support when

this was needed. We found that staff were quick to act when people's care needs changed, for example, in respect of diabetes or skin conditions. We found that records contained contact details for professionals such as the dietician, dentist, chiropodist and GP. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met.

Is the service caring?

Our findings

People were happy at the service and discussed with us how kind and caring the staff were towards them. One person said, "I like all the staff here, they do so much for me and have really helped me since I have come." Another person told us, "They could not be better, I really am happy, it could not be better than it is." When we asked another person if they thought staff were kind and caring, they gave us a huge smile and nodded, to confirm their agreement. They told us that they were really very happy in the service and felt their life had some meaning because of the support they had received.

In written feedback, we found that relatives were also consistent in their praise for staff and the caring, kind and nurturing way in which they supported people; nothing was seen as too much trouble for staff. One relative said, "We have been surprised and extremely pleased, with the improvements in care and communication we have noticed in the past few months." These positive comments indicated that people and their relatives were content with the provision of care which had a measurable impact upon people's lives and had changed them for the better.

Throughout our inspection, we observed that people were relaxed with staff and smiled and chatted with them when they were near. People sought out staff in the office to talk about what they wanted to do; staff responded with a smile and gave them the time they needed to discuss things. Gestures including touch and laughter were used to reduce people's anxieties and to give them comfort; it was obvious that people felt close to the staff that supported them; they enjoyed being close to them and this feeling was in turn was reciprocated by staff. Our observations confirmed that staff had very positive relationships with the people they supported. They spoke with people appropriately, using their preferred names and respecting their preferences for care.

Many of the staff had worked at the home for some time which had enabled them to build meaningful and caring relationships with the people. Staff spoke warmly about people and told us they had the best of intentions for them and wanted them to have everything they could do. One staff member said, "I really do care about them; they are like my extended family. I worry about them when I am not here and am always looking forward to hearing what they have been up to if I have had a day off." The service was homely and happy and the positive ethos held by passionate staff ensured that people benefitted from the good quality provision of care.

People told us how they were always encouraged to express their views and to make choices for themselves. One person said, "I have lots of things that I want to achieve and they help me with that. I have been abroad and on lots of outings to places I really wanted to go." They explained that by being able to talk to staff about these, their dreams had been realised. For another person, we heard how staff had taken time to build up a strong relationship with them, increasing their trust and confidence, working on supporting them to communicate their wishes and initiating conversations. This person was now able to interact with others, to engage in activities and enjoy a social life. Their family was overwhelmed with the impact that the dedicated care and support had for this person.

People also told us they had been offered the opportunity to be involved in the recruitment of new staff. Where people had done this we found that their views and opinions had been taken into consideration; they felt happy that they had been able to participate in the process.

Staff were aware of people's likes and dislikes and ensured their preferences for support were respected. People's records included a section which provided information for staff about people's preferences, their life histories and things that were important to them. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and things that were important to each person they supported. Records were kept of any discussions or meetings and from this, any changes were incorporated into the care plans, to ensure that they remained reflective of the person's current needs.

People's dignity and right to privacy was protected by staff. People told us that they had their own keys to their bedrooms and had been given a key ring to prevent them from losing it. They considered that this enabled them to have some freedom and independence. Throughout our inspection, we observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and staff took time to ensure they were comfortable before they went out.

Staff had an understanding of the role they played to make sure dignity and privacy was respected. They knocked on people's doors before entering their bedrooms and made sure doors were shut during delivery of personal care. Staff promoted dignity in all their interactions with people, using a quiet voice to communicate something when appropriate. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity. Advocacy services were available to people should these be needed and had been used to ensure that people's decisions and views were respected and taken into account. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required.

People told us that they had the choice to spend time in the service where they wanted to, using the communal lounge, dining area or snug if they did not want to use their bedrooms. When we went to view the recently redecorated dining room and lounge, one person said, "I went to get the new television." When asked if they had been involved in the process of redecoration, they told us, "Yes, we decided on the colour and what we wanted. It is better than it was before. Before it was dark and horrible but now it is nice." The registered manager told us that previously every person's room was the same, now they had been redecorated in the individual's choice of colour and were all personalised. The rooms we saw were very individual and we found that people's bedrooms had been personalised and decorated with personal possessions which reflected their personal interests and hobbies.

Is the service responsive?

Our findings

People and staff were really keen to tell us about the tremendous work that had been undertaken within the service. When recalling examples, it was apparent how much the goals that had been reached and the experiences that had been had, had touched both people and staff. During our inspection we heard many accounts from people about the excellent understanding that staff had about their specific care needs. They told us that their care was provided in a collaborative manner and in full partnership with them. It was not only flexible but reactive to people's changing needs, which meant that any goals could be adjusted to ensure they remained in reach. Staff told us that they did not consider they did anything special within the care they provided; they said they just spoke with people on a regular basis, making sure that they achieved what they wanted to and undertook the activities they wanted to.

We observed frequent conversations taking place about activities that people had planned or wanted to participate in; these were two way conversations with both staff and people valuing what each other had to say. The proactive nature of the care and support had not only enhanced people's health and well-being but dramatically improved their quality of life, reducing the need for certain medication. Records confirmed the significant impact and difference that the care and support had made to people.

A true measure of the excellent care and support given to people, which really altered their lives for the better, was told to us by two people. One person had always suffered from ill health and told us that their weight had significantly curtailed their quality of life, making it hard for them to engage in activities or socialise with people. They told us that they felt isolated. Over time and with the unrelenting support and guidance of staff, they began to lose weight and their mobility and general health gradually improved. Staff had unfailing belief that they could make a difference to this person and their hard work and input bore dividends. Following a significant amount of weight loss, the person told us they now led an active and healthy life, which meant they had been able to make new friends and experience new opportunities, for example, going abroad and participating in events they never dreamed of.

Another person told us how their weight had really affected their life and stopped them doing everything they wanted to. They too had lost a significant amount of weight with the person centred approach used by staff and told us they now felt very happy with their appearance. They told us how staff spent time speaking with them, at each stage of the way, to make sure they were reaching their goals and achieving the weight loss they wanted to, without feeling unwell. Interventions were made based upon advice from healthcare professionals, so that treatment options were based upon best practice for PWS. The person spoke with us about the difference the dedicated care and support had made to their health and well-being, and spoke frankly about the new lease of life that they had been given. They too had made new relationships and were able to venture out into the community, playing an active role and participating in things they had previously really wanted to do but were unable to do because of their impact their condition had upon their general health. We saw that routines had been designed to fit round the person, not the person around the routines, which they felt gave them a massive amount of freedom to do what they needed to do.

Staff told us that people were a true inspiration to them. Even small and relatively insignificant things, such

as going out unaccompanied to the post box, were considered huge milestones. An indication of how well one person has progressed with the input from staff comes from an involved professional who stated, "Thank you so much for this, it has made my day! I have been involved in [Name of Person] Life for nearly three years, and to see such a massive difference is truly remarkable."

People told us they received care that was all inclusive and enabled them to work towards becoming more independent. They said that this was achieved in partnership with staff but very much based upon what they wanted to succeed in. One person told us how they wanted to gain skills in meal preparation, culminating in them cooking a meal for their loved one. We saw that these goals been incorporated into their individual care plans and they told us they were really happy they had been given this opportunity. Another person wanted to become more independent. Staff told us, and records confirmed, how they had worked with the person, their family and social worker, to work methodically through the advantages and disadvantages of moving on to more independent living. An advocate was involved to ensure that the person was able to have their voice fully heard. In the same way, we found that close and collaborative working had taken place to enable people to have all the information they needed about commencing a sexual relationship. Through support and discussions and liaising with relevant professionals, people were enabled to take relationships to this stage if they wanted to. Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

Arrangements for social activities were both structured and also undertaken on an ad-hoc basis. They were focused on meeting people's individual needs. People told us there was a very varied and inventive programme of activities for them to engage in and that these were determined through ongoing discussions between them and staff. Those people who wanted to had been successful at obtaining volunteer work in the local community and others had paid part time jobs. Two people both said how much they enjoyed their work outside of the home and explained that it made them feel as though they were achieving something worthwhile. One person told us, "Did you know I am a paid member of staff?" They went on to explain that they were employed to do some cleaning in the service. Their next goal was to be able to 'clock on' like the care staff did; the registered manager was going to look into this for them. Another person said how much they enjoyed going to work as it made them feel normal, just like everyone else. We were told, "Staff are very helpful towards getting our independence. I have achieved a paid job which I had never given a chance in my old place." The staff we spoke with said they were thrilled with the progress of people and that it was very satisfying to see them get ready to go to work independently. When staff spoke about people's achievements, they did so with great fondness and pride about what people had done.

One person had been on holiday to Turkey, with staff and other people. They were really happy when they recalled their holiday experience and showed us the photographs of their time there. They told us how they had enjoyed paragliding, eaten out in a variety of restaurants and had also enjoyed swimming and that had it not been for staff, they would not have been able to enjoy any of these opportunities. Another person had been given the opportunity to be a 'roving reporter' for the service, gathering information and putting together documents to send to the provider's marketing department. They were supported to come up with their own ideas for news stories and to undertake interviews with people and staff. People felt strongly that staff had empowered them to become more independent and take positive steps forward to be the best they could.

People were supported to take part in activities that gave them access to people in the local community and avoid becoming socially isolated, such as going to the local shops and pub. Provider events were organised, giving people the opportunity to showcase their skills; for example, a 'Grease' night was arranged, which gave people the opportunity to dress up as characters from the film and win prizes for their hard work. One person was going to walk the Trans Pennine Way with support from the registered manager; this was

something they were very keen to do and had previously been postponed due to ill health. Staff had worked extremely hard to ensure that this took place this year.

Relatives had commented that the care and support given by staff had made huge changes to their loved ones lives. One commented, "My son has had new experiences e.g. flying, staying in hotels, friends and work experience." We also saw, "He went on holiday abroad last year and he is hoping to go again and is looking forward to many other activities he is planning with support from the staff." Perhaps one of the most profound comments we saw was, "Heatherington House has given my son care and support. During that time they have cared for him in an exemplary manner. He was very overweight when he went there and he has now been maintained at a normal weight for the majority of those years. Given his problems this is a tremendous achievement. He has access to various activities both educational and social which have benefited him and helped him to maintain his independence. He has had holidays and outings which he has thoroughly enjoyed. All of this has been achieved with the help and support of Heatherington House staff." This emphasised the proactive nature of staff and showed the real impact that the care and support had for people, changing their life for the better.

A staff member told us, "We really want to make sure that we are as person centred as we can be. If people say they want to do something, then we make every effort to help them to do that thing." The registered manager discussed how they wanted the service to be the best it could be and spoke with us about the things they considered that people had done well. It was clear that people's achievements meant a lot to all the staff. They worked hard to ensure people were empowered and had a good quality of life and promoted a strong and visible person centred culture.

People were assessed prior to moving to the service to determine if their needs could be met. One person told us how they had independently chosen to come to the service, they had researched it to see if they thought it met their needs and had then approached the manager to undertake an assessment. The assessment included gathering details of their past medical history and information on what they liked and disliked, their preferences for care and any goals they wanted to achieve. The registered manager and team leader told us that pre-admission assessments of people's needs were carried out prior to any new people being admitted to the service. They considered that it was important to ensure that any new admissions were right for the service, that their needs could be met whilst also considering the balance of the people already residing at the service to avoid any disruption or distress to either party.

Staff acknowledged that care plans contained sufficient information which enabled them to understand people's care needs and to develop care in a personalised way. One staff member told us, "Having care plans are really important, they need to tell you what to do, what care to give. I think they do just that." Care plans contained detailed information about people's health and social care needs and were individualised and relevant to each person. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs; with detailed guidance for staff on how people liked their care to be given.

Staff told us that people's needs were reviewed and changes reflected in their care records. The registered manager confirmed that communication with people and their relatives was important, as were their views about people's needs or any changes that needed to be made. We saw that one person had crossed out various areas within their care plans, as they had not agreed with the content. Staff had taken time to review these with the person to their satisfaction. This process ensured that people enabled to express their views about how they wanted their care to be provided. All the staff worked hard to ensure that records were reflective of specific needs.

Arrangements were in place to gather the views of people through regular questionnaires and meetings. Written comments from people who lived at the service were extremely positive. One stated, "I like living at Heatherington House because it's a nice place to live. I have developed lots of new skills to help me become more independent. All the staff support me to achieve my goals." Another commented, "I like living here, staff are helpful and kind and they go out of their way to make sure we get the best out of our lives." The registered manager told us they took action to address any issues raised within the questionnaires and to make improvements. We saw that previous results had been analysed and actions taken.

People had no complaints about the service. One person said "I'm really happy here, I don't have any complaints, and all the staff are helpful when I have any worries about things." Another person told us, "I don't have anything to complain about now that I am here." The registered manager said, and records confirmed, that they had not received any complaints about the service. When people or staff raised any concerns, these were dealt with immediately. By working closely with people and their relatives, minor issues and concerns could be addressed before they increased. Records confirmed that people and their relatives were provided with information if they needed to make a complaint. We found that there were processes in place to deal with complaints in a timely manner and the records we reviewed supported this. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

People were positive about the staff, and the impact the registered manager had on the service since they had started 18 months ago. They told us they had full confidence in the registered manager and acknowledged the changes that had been made by them. One person said, "[Registered Manager's Name] is great, we can talk to her and she will listen." People greeted the registered manager with smiles and were keen to engage and talk with them, whenever they saw them. They were relaxed in their presence and it was clear they had confidence in their ability to lead the service.

Staff told us that the ethos in the service had changed for the better since the registered manager commenced their role. They felt there was now an open culture, which enabled staff to have their say. They told us that they felt valued and that their ideas were listened to and acted upon where possible. One staff member said of the registered manager, "It's very different working here now, we have an input." Both people and staff told us there had been a cultural shift which had led to a shared vision and values amongst all staff. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

The culture of the service was based on a set of values associated with the promotion of people's independence, and providing them with the support they needed in a way that maintained their dignity. One staff member said, "Why shouldn't they do what they want to do, they should have exactly the same chances that we do." There was a real commitment from the registered manager and staff to ensure that the people who used the service lived their lives as part of their local community and in a way in which they wanted to.

The positive leadership in place meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

The registered manager had nominated the staff team in the service for a national award because of the work they did with one of the people who live there. This was a testament to the value placed upon the work that the staff did; the registered manager told us they really valued the team they had working with them and wanted people to recognise the good work that they did. We found that the registered manager had also put themselves forward to undertake 'Expert in the Field' training; this was something that the provider offered and would mean that the registered manager would be someone that staff throughout the organisation could approach for advice, guidance and support.

Staff were provided with up to date guidance, policies and felt supported in their role. They were aware of the whistle blowing policy and were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns that had arisen, training and development and ideas in respect of service improvement. Meetings were seen as an opportunity to raise ideas and we saw that opinions were listened to and ideas and suggestions taken into account when planning people's care and support.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

We found the registered manager was proactive in monitoring people's needs and the quality of service provision and responded in a timely manner when these areas required additional input.

The registered manager told us that frequent audits had been completed and records confirmed that audits had been completed in areas, such as infection prevention and control, medicines administration and fire safety. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.

Alongside the audits and quality monitoring systems used within the service, we found that the provider also undertook its own internal compliance monitoring visits. They undertook to review all aspects of service delivery and we found they had based some of these audits on the CQC domains of safe; effective, caring; responsive and well- led. By doing this they were testing their processes to ensure they were providing care that was deemed to be of a good standard.