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Hilldales Residential Care Home

Inspection report

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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

This comprehensive inspection took place on 6 June and 11 July 2018. It was unannounced on the first day which was carried out by one adult social care inspector and an expert by experience. We arranged the second day of inspection which was completed by the inspector.

Following the last inspection in February 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Is the service well-led? This was because we found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we found people were not protected as quality monitoring systems were not fully effective and people's care plans lacked up to date information about their care and treatment needs.

The provider submitted an improvement action plan on the 1 June 2017 to address these concerns, stating what they intended to do and when this would be achieved.

At this inspection we found improvements had been made so all the regulations had been met in respect to the breaches found at the previous inspection.

Hilldales Residential Care Home is a large three storey building, originally built as four houses around the turn of the twentieth century. Modifications have been made so that the properties are interconnected internally. There are communal areas on the ground floor and bedrooms on all floors of the building. Externally there is a paved area to the front of the houses and small courtyards to the side and rear which people have access to.

The home provides accommodation and personal care for up to 56 adults who have needs arising from alcohol problems or mental health issues. Some people are also living with a physical disability. At this inspection 33 people were living at the home when we visited.

There was a manager in post who had registered with the Care Quality Commission in May 2016. 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 registered manager was supported by a team of senior staff. Together they shared a vision of the service which was described in the home's statement of purpose: "The aim of Hilldales Care Home is to offer men and women over the age of 25 who may have mental health problems and/or alcohol problems the opportunity to live in a caring environment with support from our care staff."

To support these aims, the registered manager and senior team had worked with staff to ensure they had the necessary skills and knowledge necessary to meet people's needs. Staff were well trained and knew people well. This enabled them to work with people confidently, showing care and compassion. Staff were

alert to changes in people's presentation and contacted health and social care professionals when necessary to support the person. Staff understood how to protect people and knew what to do if they thought someone was being abused.

People were really positive about living at Hilldales, many commented on the improvements that had been made over the last few years. They now described the home as comfortable, clean, well maintained and nice to live in. They were also positive about the meals they received. People were supported to do activities of their choice both in the home and in the local community.

People's risks, needs and preferences had been assessed and, where possible, discussed with them to ensure that care plans were developed to meet these assessments. Medicines were stored, administered and recorded correctly.

Health professionals commented on how the service had improved and how they felt that staff were very responsive to people's needs. Care plans were up to date and had been reviewed regularly, including when a person's needs had changed.

There was a quality assurance and governance system which checked the quality and safety of the service. Where areas for improvement were identified, actions were taken to address the issues.

Since the inspection a company is now providing management support and is running the home. Dr Kywe is still the registered provider.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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.

Staff understood how to ensure people were safeguarded from abuse.

Risks to people were considered and steps taken to reduce the risks while maintaining people's independence as far as possible.

Lessons were learned when things went wrong and improvements were made as a consequence of the learning.

There were sufficient staff to meet people's needs. Staff were recruited safely.

Medicines were managed safely.

The home was well maintained and clean. There were systems in place to reduce the risks of infection.

Is the service effective?

Good

The service was effective.

Staff had been trained when they first joined the home and continued to receive training to keep their knowledge and skills up to date.

Staff were knowledgeable about people and understood the support they needed.

People said the food at the home was good.

Health professionals were involved appropriately when people had health needs.

The home was clean, well maintained and adapted to support people effectively.

Is the service caring?

Good

The service was caring.

Staff knew people well and showed care and compassion for people.

Staff involved people in decisions about their care as far as possible.

Staff respected people's right to privacy.

Is the service responsive?

Good

The service was responsive.

Care plans were regularly reviewed. When people's risks, needs or preferences changed, care plans were updated to reflect this.

People received care which was personalised and met their needs.

There was a complaints policy and procedure. No complaints had been received since the previous inspection.

Is the service well-led?

Good

The service was well-led.

There were systems in place to check the quality and safety of the home and the care provided.

Where improvements were needed, action was taken to address these in a timely manner.

The registered manager understood their role and worked with staff to deliver a service which met the services aims and objectives.

Hilldales Residential Care Home

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 planned, comprehensive inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of expertise included mental health and autism.

The first inspection day took place on 6 June 2018 and was unannounced. The lead inspector returned to the service on the 11 July 2018 to complete the inspection and feed back to the management team. We gave the provider notice we were returning for the second day of inspection.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return which they had submitted in April 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we also contacted health and social care professionals in teams who had worked with the staff at Hilldales. This included professionals in the local authority's quality assurance and improvement team (QAIT); the adult safeguarding team; the nurse educator's team, as well as social care community services staff, community nurses and tissue viability nurses.

During the inspection, we met and spoke with the registered manager and the head of care services as well

as the deputy manager. We also talked with two senior care workers, four care workers, two kitchen staff and one maintenance staff. We met most people living in the home and spoke with 16 of them.

We reviewed three people's care records, four medicine administration records, two staff records, staffing rotas and staff training records. We also reviewed records of audits and checks carried out in the home.

Good

Is the service safe?

Our findings

People looked happy and relaxed at Hilldales. People also said they felt safe living in the home. For example, one person when asked, said "Yes, I feel safe, always got room to go back to watch television." Other comments included "Staff know how to look after us, if there's any trouble, they sort it."; "Really nice."; "Much better than it used to be, sort of more homely."

People were protected from the risk of abuse by staff who had been trained in how to safeguard vulnerable adults. At the last inspection, we found that people were not fully protected from the risks of financial abuse. This was because systems to purchase items on behalf of people were not fully robust. After the registered manager had sent us information about how they had amended the processes so that people were given information about what had been purchased as well as the costs involved. At this inspection, we found this process had been embedded and therefore people were now fully informed.

Staff were able to describe what they would do if they had a concern that there may have been abuse. For example, one member of staff said they would "tell [registered manager] or [senior care worker]." They said they had confidence that it would then be dealt with. However, they also knew that if they still had a concern they could report it directly to the local safeguarding team. Staff said they would do this by calling a help line number which was displayed on notice boards in the home.

The registered manager understood their responsibility to report safeguarding concerns to the local authority and the Care Quality Commission. They had also worked with the local safeguarding team and the police to ensure that any concerns were investigated and managed appropriately.

Risks to people had been assessed and documented. Care plans had been developed to ensure that staff had the information they needed to keep people safe in relation to these risks. For example, one person's care plan described how they were at risk as they had a degenerative disease as well as dementia. Risk ssessments had been completed and reviewed each month which had helped to inform a dependency profile for the person. The assessments included details of the risks associated with eating, nutrition, going out alone, falls and the risk of pressure sores. Where a risk had been identified, there were plans in place to support the person safely and reduce the risks. For example, the care plan included details to support the person when eating by stating "might need help with cutting chicken but able to do himself." This helped to ensure staff knew how to support the person to be as independent as possible.

Staff had been recruited safely. Staff records showed checks had been carried out to ensure a new member of staff was suitable before they were allowed to work with people. There were sufficient staff with the right skills and experience to support people safely. The registered manager monitored staffing levels and designed the staff rota to enable people to be supported safely at all times of the day and night. On the first day of inspection, there were four care workers as well as two kitchen staff, two maintenance staff, an administrator and one member of cleaning staff. These staff were supported by the senior team which consisted of the registered manager, the head of care services, a deputy manager and a senior care worker.

Staff were working in an unhurried way with people, which meant they had time to chat with people as well as carry out tasks to support people with their care. People said that staff were able to meet their needs in a timely way. For example, one person said, "Staff have time for me, they don't rush me; just let me go at my own speed." Throughout the inspection, staff were seen spending time with people helping them to do activities of their choice, including playing word games, making hot drinks and supporting people to do their washing.

At the last inspection we found some procedures for managing medicines had not been fully robust. Action had been taken during the inspection to address the concerns. We also recommended that they review medicines in line with national guidance. At this inspection, there was evidence to show these procedures were fully embedded.

Medicines were stored in lockable trollies which were kept in a secure place when not in use. There were systems in place to ensure that stocks of medicines received were checked in before being stored and there was a robust system to ensure that any medicines which had not been used were returned to the pharmacy appropriately. Medicines, such as liquids and creams were labelled when opened to ensure that they were only used whilst they were within their expiry dates. Staff administered medicines safely, checking which medicine they were giving to each person and recording whether the person had taken the medicine or not. Staff took time with the person when administering medicine, supporting them by words of encouragement. For example, when one person was having some difficulties swallowing a tablet, the staff member encouraged them to have a drink to aid swallowing.

Some medicines, which needed to be stored at a lower than room temperature, were stored in a locked refrigerator which was in the main office. Staff monitored the temperature of the refrigerator and recorded the temperature daily. However, the record only described the temperature at the time of reading and did not show what the highest and lowest temperature had been in the last 24 hours. This meant that staff would not be aware if the temperature had exceeded the recommended temperature at any point. A senior care worker, who had responsibility for overseeing medicines, said they would arrange for this to be completed daily. During the recent very hot weather, the temperature of the rooms where the medicines had been stored had been monitored. However, the senior care worker said they would also monitor and record the temperature inside the medicines trolley to ensure that temperatures inside the trolley had not exceeded the recommended.

Staff had been trained to administer medicines and their practices had been observed by a senior care worker before they were allowed to administer medicines on their own. There were systems to assess and support people where they self-administered their own medicines.

Regular monthly audits were completed to check on the safe storage of medicines; accurate completion of medicine administration records and stock of medicines held.

The home felt clean and well maintained. There were systems to ensure that people were protected from the risks of infection. These included staff using personal protective equipment such as disposable gloves and aprons when providing care. Cleaning fluids and other items which could be hazardous were stored securely in a cupboard. There were signs in the toilets reminding people to wash their hands after using the facilities; these included pictorial instructions on how to wash their hands to reduce the risks of infection.

There were systems for cleaning which included using colour coding for different areas of the home, for example the kitchen, communal areas and bedrooms. The main laundry room was well equipped and organised to ensure that clean and dirty items were kept separately to avoid cross-contamination. There

were procedures for staff to follow when dealing with soiled items.

The home had been awarded the highest rating of 5 by the food standards agency when they had inspected it in May 2018.

The provider information return stated, "all of our equipment such as hoists are maintained and inspected regularly". Records looked at during the inspection confirmed that this was the case.

The registered manager and staff ensured that lessons were learned when things went wrong or when they received feedback. For example, a health professional commented that they had concerns about a bedroom used by a person who had particular needs. Staff arranged for the person to move to a ground floor room which better suited them.

One person was at risk of not getting time critical medicine because they would sometimes be absent from the home when medicine was due to be administered to them. Staff reviewed the protocols they should follow if the person was not in the home at these times. Staff amended the protocols so that other agencies, such as the police, should be alerted that the person was missing.

Good

Is the service effective?

Our findings

People were supported to receive care and treatment which was based upon their assessed risks, needs and preferences. Staff supported people to be as independent as possible, encouraging them to develop life skills such as cooking and cleaning. Care records contained information about the person's history and background as well as details about their family. This helped staff to relate to people as individuals.

Staff were aware of how to support people effectively. For example, one person said "If it weren't for this place I wouldn't be alive…if I want anything all I have to do is ask. Can't read small print so they help."

Staff received training when they first joined Hilldales. Their induction was based on the 15 principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards designed by Skills for Care which all staff new to care are expected to work to. New staff also completed training in a number of areas relevant to their work. These included fire safety, infection prevention and control, moving and handling, food hygiene, safeguarding vulnerable adults and first aid. Staff were supported to refresh this training on a regular basis.

Staff also undertook training to meet the specific needs of people they supported. For example, staff had undertaken training in challenging behaviour, dementia, Parkinson's disease, pressure damage, nutrition and hydration.

Staff used this knowledge and learning to support people, some of whom had profound physical disability and/or a mental health issue. For example, one health professional commented "[Person] was self-neglecting and the staff managed to bring his personal care up to an acceptable standard in a short space of time."

People were provided with food and drink of their choice. Meals were prepared in a main kitchen, but people could access drinks and snacks freely throughout the day and night.
Menu choices were provided and people were asked at resident meetings about the menus which changed seasonally. Meals were nutritionally balanced and specialist diets such as those required for people who needed low sugar or gluten free were catered for when necessary. During lunchtime on both days of the inspection people were seen enjoying their food which was served in two dining rooms.

Most people were very complimentary about the food offered; comments "Quite nice food sometimes, I like it… Substantial meal."; "Food is very good."; "Yeah can't knock the food, breakfast, lunch, evening meal, come round and give you a sandwich about 8 if you need one. Don't go hungry."; "Yeah the food's lovely." and "I get more or less what I want, there's certain foods I won't eat but they know about it, can't fault them."

Three people were less enthusiastic about the meals on offer; for example, comments included: "Not very much no. Very stodgy…"; "… like about 4 meals a week." When asked about whether they were given a choice one person said, "Sometimes yes, but sometimes second choice is worse than the first."

Another person commented "Yeah the food's alright here. If I don't want anything can have an omelette and I sometimes buy a tinned soup."
Staff from other health and social care organisations fed back that the registered manager, senior staff and care workers were all very good at communicating with them and responding positively to advice and support. For example, one social care professional "I am really impressed by the staff; they are very open and keen to deal with me." They also commented that two senior care workers they had dealt with were "Brilliant." Another social care professional commented "We, as a team, recognise how unique the staff at Hilldales are in providing care to people who can sometimes be difficult to place in other care homes."

People were supported to see their GP, dentist and other health professionals when they needed to. Comments included "Doctor came and saw me here. Have been to surgery... Got driven there to start with but as I got better, can walk. Seen a doctor here as well."; "I go out in [the home's] van for injections, got this new Zimmer frame" and "If I need to see a doctor I go down to clinic, they drive me there."

Care records contained details of when people had seen health professionals. The home had a system where appointments for people were recorded in a diary to ensure they were supported to attend them.

Where people's health needs changed, staff contacted health professionals appropriately for advice and support.

The home had been adapted to suit people's needs. The registered manager explained that they had bedrooms on all three floors of the building, which meant they could support people who were unable to manage an upstairs room. People with limited mobility were able to access the upstairs as there was a stair lift available.

The home had recognised to some extent the need to support people to be as independent as possible. People could use a small laundry room to wash and dry their own clothes. Some people also had refrigerators and microwaves in their room which meant they could prepare simple meals and snacks.

Some of the outside areas had been improved and were now equipped with garden furniture and ornaments. This meant that people could spend time outside in good weather.

We checked to see whether the provider was working within the requirements of the Mental Capacity Act 2005 (MCA). Best interest meetings had been held where there were concerns about a person's ability to make a specific decision. Meetings had involved, where possible, the person, their family, staff and professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for a DoLS authorisation had been made for three people living at Hilldales; all of these had been authorised. Senior staff understood their responsibility to be aware of any conditions imposed on the authorisation which might impact on the way they cared and supported each person. The registered manager had a system which noted when DoLS authorisations needed to be reapplied for. This meant that they reapplied in good time to ensure the DoLS was re-authorised when needed. A social care professional commented "They have really improved their DoLS applications."

Good

Is the service caring?

Our findings

Many of the staff had worked at Hilldales for many years and therefore knew people very well. This meant they had a very good insight when considering the support and care each person needed. Staff were exceptionally kind and caring to people offering help in an unobtrusive manner which respected the person's dignity.

People living at Hilldales said that staff were caring and kind. Comments from people included "Been in a couple of care homes, this is by far the best I've come across. Staff were friendly in others but very friendly here"; "Been here over a year. This is my home and it's comfortable, and I get help"; "Yeah, yeah, it's good here"; "I like this as it goes you know. Get decent food here, have a shower when you want to, get well looked after" and "Very happy here…Couldn't be happier."

Throughout the inspection staff were observed working with people in a very compassionate way. For example, when one person became poorly, staff took immediate action to support them by calling health professionals and then supporting the person to go to hospital. Throughout the episode, several staff worked together to ensure the person was communicated with in a way they could understand. They also worked with visiting health professionals to ensure they understood how the person tended to communicate when supported. This helped to reduce the stress for the person.

Staff knew people very well and could describe their background and preferences. This meant they could have conversations with people about things that were important to them. For example, one person was very fond of animals and staff supported them to keep a pet. Staff discussed the pet with the person and found out what help the person needed that day to care for it.

People were supported to express their views and be involved in decisions about their care and support. Staff said they involved people as much as possible in the development of their care plans. Each care plan contained information about the person's strengths and skills. Staff described people they supported with genuine fondness, referring to their positive attributes rather than just their needs. One person said "I like living here…gives me stability, daily living and routine. Staff are all kind they help me when I want."

Staff supported people, wherever possible to stay in touch with family and friends. Staff described how they had spent time ensuring that a relative was kept informed about their family member who was living at Hilldales, although they were not able to visit. One person said they had contact with a relative which they enjoyed. Family and friends were encouraged to visit the home whenever they wanted. Staff also supported relatives of people who died. For example, one senior care worker described how they had spent a lot of time trying to contact a relative when the person had died. They had then spent time talking to the relative to help console them. Some people who were not in contact with any relatives, described how they felt the staff were substitute family. One person commented "[Staff] are like sort of family, they know me better than anyone else. I'd be lost without them."

Health and social care professionals all commented on the very caring nature of the management and staff.

They explained that some people exhibited some behaviours which were very challenging to others, but staff were always prepared to work with them to help them overcome obstacles. One professional commented "Staff rapport with [person] was really good. Person had been very unhappy with other homes, but felt they fitted in at Hilldales. [Person] is always very positive about staff – I really cannot believe how well they have managed to help him." Another professional commented "The staff are really unique in how they manage to support some people [with very specialist needs] – they always listen and work with the person in ways that help them feel at home."

Good

Is the service responsive?

Our findings

People's care plans described their physical, mental, emotional and social needs. Care plans clearly documented people's risks, needs and preferences and how these should be addressed. Care plans also contained details of people's history and background as well as key contacts. People's care plans contained a document entitled "This is me" which described the person in ways they wanted to be. For example, details for one person included "I like to visit pubs and the harbour…" It also described how the person did not like some aspects of personal care and would swear at staff. Staff were able to explain how they worked with the person when this happened. We observed one such occasion; staff were very aware of how the person presented and how best to ensure they received the care they needed. This included taking into account their mood and receptiveness to the care.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people at Hilldales had verbal communication issues. Care records contained clear communication plans explaining how each person communicated and information about hand signals; gestures and key words they used to express themselves. Staff were able to communicate with, and understand, each person. For example, when one person was unwell, staff called paramedics. Staff were able to describe what the person was trying to communicate. Staff also explained to health professionals how the person would react to certain interventions.

People were encouraged to follow interests and hobbies, both in the home and in the wider community. For example, one person was a member of a choir and was a leader on organised walks. They spoke proudly about how they managed these activities and how they had also arranged for the choir to sing in the home. Another person was a member of a local church. Staff described how they had encouraged other church members to visit the person in the home.

The service had sought help and advice from other professionals to improve communication and promote people's independence.

Concerns and complaints were responded to when they occurred. There was a complaints procedure which was clearly displayed in the home. The registered manager said they had not received any formal complaints since the last inspection. They said they spent time every day, talking to each person to find out whether they were happy with the care they were receiving. They said this helped to ensure that any problems were dealt with quickly. People said they had not had reason to complain but were aware of how to if necessary. Where needed, advocacy services were contacted to support people who did not have family or friends who could advocate on their behalf.

Staff worked with people who wished to develop end of life plans to ensure they had a comfortable and dignified death. Staff involved health professionals where they had concerns that a person was end of life.

Good

Is the service well-led?

Our findings

At the last inspection in February 2017, the service had been found to require improvement in the Well-led domain. This was because systems to audit and monitor the quality and safety of the home were not fully robust. People's care records lacked up to date information about each person's care and treatment needs. They were not reviewed and updated in response to their changing needs so could not be relied on as an accurate, complete and contemporaneous record. We therefore found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).

At this inspection, we found that the auditing and monitoring systems for the service were far more robust. Care records were reviewed regularly, as well as when a change in a person's needs occurred. Audits were carried out by a senior care worker to ensure these reviews were completed. Medicine audits were up to date and showed actions had been completed where errors had been identified. Other regular audits included checks on the maintenance and upkeep of the home, including window restrictors, fire and safety equipment, kitchen equipment such as refrigerators and cooking equipment. The registered manager undertook a quality assurance audit which helped to provide information about whether the home and care provided was safe and of good quality. Where areas for improvement were identified, the registered manager worked with the provider and staff to address the issues. For example, a review of some areas of the home had identified that some redecoration was necessary. Action had been taken to recruit a decorator who was undertaking redecoration of some bedrooms, corridors and outside areas.

There was a manager in post who had registered with the Care Quality Commission in May 2016. They were supported in their role by a Head of Care Services and a deputy manager as well as senior care workers. The provider visited the home every few weeks and was in frequent contact with the registered manager and other staff. The registered manager said they found the provider was always able to be contacted and would offer support to the senior team. The registered manager said that when the provider visited the home, they spent time discussing the service improvement plan and agreeing priorities for improvements. They also spent time reviewing the environment and talking to people living at the home to find out their opinions about the care they received. However there were no records of these visits or of the actions the provider had discussed.

The registered manager and senior staff had a vision for the service which they were working to deliver. Over the last two years they had worked with staff from the local authority to develop a strategy to ensure the home provided high quality care to people with mental health issues, some of whom also lived with alcohol dependency problems. Staff were aware of, and engaged with, the service's aims and objectives. Staff attitudes and behaviours reflected the values of the service; for example, staff worked with one person who had ongoing issues with alcohol. Staff described how they responded to the person in line with the philosophy of helping people to become independent.

The registered manager had an 'open door' policy and frequently worked alongside staff. Staff said they respected this and felt supported by the registered manager and other senior staff. There was an open culture which encouraged staff to consider alternatives and make suggestions for improvements. During

one issue which occurred on the first day of inspection, staff were observed taking the lead while the registered manager followed instructions. The registered manager explained that they recognised the staff had the best skills in the situation and therefore it was in the person's best interests to be dealt with by the care worker rather than himself.

Where incidents occurred, lessons were learnt to reduce the risks of a recurrence. Staff said there was an open culture which encouraged honesty and transparency.

The registered manager and the care manager were both working towards a nationally recognised qualification in care management. The registered manager had developed links with other registered managers in the area; they said this helped them to develop and improve their practice.

The organisation promoted equality and inclusion within its workforce. Staff said they felt they were treated fairly, equally and without bias.

The registered manager understood and met their responsibilities to notify the Care Quality Commission when necessary. They had provided information in a timely manner when events they were required to report to the CQC had occurred. They had also submitted the Provider Information Return in April 2018 when requested.

The registered manager described how they were ensuring that data was held safely and securely by reviewing the information they held on people at the service and staff in line with the General Data Protection Regulation (GDPR)(EU) 2016. GDPR is a regulation in EU law on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA).

The service worked in partnership with other agencies. This included the local authority, safeguarding teams and commissioners. There were also good working relationships with the GP and district nurses who visited the home frequently.