Chapel Lane Supported Living Home Enter & View Report

26th March 2026

Contents

1. Visit Background

1.1 What is Enter & View

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally, they can occur when services have a good reputation.

During the visits, we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well, and makes recommendations on what could work better. All reports are available to view on our website.

2.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they need to inform their lead, who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

3.1 Disclaimer

Please note that this report relates to findings observed on the specific date set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

4.1 Acknowledgements

Healthwatch Hillingdon would like to thank the staff and residents at Chapel Lane Supported Housing for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

The Authorised Representatives spoke to residents and staff. Suggestions have been made on how to improve the service, and good practice has been highlighted.

2. Visit Details

Visit Details	
Service Visited	Chapel Lane Supported Housing, 74 Chapel Lane, Uxbridge, UB8 3DS
Registered Manager (Supported Housing Manager)	Hannah Louise Cottol
Date & Time of Visit	26th March 2026, 11am-2pm
Status of Visit	Announced
Authorised Representatives	Samreen Nawshin, Odette Carvalho
Lead Representative	Samreen Nawshin

On March 26th 2026, we visited Chapel Lane in Uxbridge in the borough of Hillingdon.

Chapel Lane is a supported living group home with 6 single bedrooms for adults with learning disabilities, provided and run by the London Borough of Hillingdon. There were 6 residents living at the home at the time of our visit.

The home has 5 staff members in total.

2.1 Online Feedback

Chapel Lane has no online reviews.

2.2 Purpose of the Visit

London Borough of Hillingdon, the service provider at Chapel Lane, is currently rated by CQC as '*Good*' based on an assessment carried out in April 2025. The service was rated '*Good*' for being Safe, Effective, Caring, Responsive and Well-led. The report is available to read here.

The rationale for our visit was to ensure that the standards identified during the assessment were being maintained and were compliant with the ratings received.

3. Executive Summary

This section of the report details the key findings from our observations and the resident and staff feedback collected during our visit.

Observations

What has worked well

- The house appeared clean, tidy, vibrant, and well-maintained.
- Interior spaces were organised and personalised, contributing to a homely environment.
- The property is wheelchair accessible throughout.
- The garden was spacious and suitable for activities such as gardening, growing vegetables, barbecues, and outdoor creative activities.
- At the time of visit, residents appeared active, calm, and content. Most were seated in the common space downstairs and playing puzzles at the dining table.

What has not worked so well

- There is no external signage on the house, and it is hard to identify.
- One concern noted was that the house felt cold during the visit. Residents were appropriately dressed, but temperature monitoring may be beneficial.

Resident Feedback

What has worked well

- Residents seemed to feel comfortable, safe and happy.
- Residents communicated through pointing to pictures/symbols presented to them and seemed to be happy with staff communication with them.
- Residents pointed to the word card 'Good' for staff support.

What has not worked so well

- No issues reported.

Staff Feedback

What has worked well

- Both are satisfied with the Cleanliness, Pay, and Leave/Sick time, and feel supported by the management.
- We were told there is a strong focus on promoting independence. Staff support and teach residents daily living skills such as making beds, cooking meals, grocery shopping, money management, and cleaning and laundry. These tasks are allocated daily, with specific skill-teaching days.
- Staff shared examples of success stories, including residents transitioning from high anxiety around haircuts and public outings to needing minimal support.
- Staff told us they enjoy supporting residents and communicating with them. No specific difficulties in their workday were reported.

What has not worked so well

- No issues reported.

4. Full Findings

This section of the report presents detailed information on our observations and resident and staff feedback collected during our visit.

During the visit, we collected responses from 3 residents, 2 staff members, and the Registered Manager.

We would like to thank the staff and management for their time, warm welcome and cooperation.

Observations

During our visit, our team of Authorised Representatives (ARs) made observations on Outside Area and Entrance, General Environment and Communal Spaces, Information Displays, and Resident Bedrooms.

Outside Area and Entrance

- There is no external signage on the house, and it is hard to identify.
- We were received by a staff member when we rang the bell and asked to sign in upon entering.
- There was no formal reception area; instead, there was a small sign-in corner, which was appropriate for the house.
- We were asked to take off our lanyards as the residents didn't like them and they wanted visitors to be welcomed as their guests.
- We did not notice any designated disabled parking space for visitors. However, there appeared to be driveway capacity and on-street parking outside the property.

General Environment and Communal Space

- The house appeared clean, tidy, vibrant, and well-maintained.
- Interior spaces were organised and personalised, contributing to a homely environment.
- The ground floor of the property is wheelchair accessible throughout, and no mobility lifts are installed, which aligns with the current residents' needs.
- The garden was spacious and suitable for activities such as gardening, growing vegetables, barbecues, and outdoor creative activities. There is much scope to add more to the gardens, such as flower pots.
- At the time of our visit, we observed the outdoors being used for drying clothes.
- The fridges were well organised into sections, kitchen cabinets labelled inwardly for staff to remember whose is what.
- At the time of visit, residents appeared active, calm, and content. Most were seated in the common space downstairs and playing puzzles at the dining table.
- Overall atmosphere was positive, relaxed, and homely. Residents were very happy to see us and seemed well looked after.

- Residents were not fully verbal; communication was supported using learning disability communication tools that we carried, including pictorial boards and through staff assistance. Residents were responsive and engaged positively with these tools.

- One concern noted was that the house felt cold during the visit. Residents were appropriately dressed, but temperature monitoring may be beneficial.

Information Displays

- There were information displayed throughout the home, including the fire evacuation procedure, general service information, the latest CQC report, arts and activities information, laundry room cleaning schedule, weekly food shopping and skills sessions, and a calendar of pre-arranged appointments and events. This was very well organised.

Resident Bedrooms and Bathrooms

- There were three bedrooms upstairs and three downstairs, and a room used for staff sleep-ins when required.

- Residents' bedrooms had their own basins. Some showed minor signs of wear, including slight chipping; no immediate hazard or risk was identified during the visit.

- Bathrooms were clean and tidy. We observed one bathroom which had no shower curtain by the bathtub, but rather on the other side of the floor where residents wash.

- The bathrooms also felt cold, and the temperature setting did not appear to be appropriate.

- Although resident bedrooms were not labelled with names, rooms were personalised to support recognition, familiarity, and individual choice, in keeping with a homely environment.

Resident Feedback

We spoke with 3 residents in the lounge while they were playing with jigsaws, Lego, and a colouring book. We used pictorial boards to communicate with residents.

This section of the report contains a summary of the feedback received.

General

- The residents are very satisfied with the cleanliness, helpfulness of staff, staff support, and the garden.
- Residents seemed to feel comfortable and safe.
- Residents seem to be happy with the home. One of the staff members mentioned that residents are supported in using the garden and that they grow vegetables there during the summer.

Staff

- Residents communicated through pointing to pictures/symbols presented to them and seemed to be happy with staff communication with them.

Food and Drink

- We were told residents warm up food and can make their tea/coffee independently, apart from two who need help.
- They can choose their preferred meals, which are stored in the fridge in a drawer labelled with their name.

Personal Care and Independence

- The staff informed that they help residents to carry out their daily tasks of personal care, such as dressing, although some of the residents do it independently.
- Staff informed that they give medication to residents, conduct an audit of medication every Saturday and update medication records every 6 months or earlier, depending on residents' circumstances.
- Any health and safety risks are reported to the Manager and actions taken accordingly based on the individual residents' needs.
- In emergencies, residents are taken to GPs or A&E for diagnosis and treatment.
- Staff informed that residents could choose their activity or go outdoors depending on staff availability. Staff informed that residents visit clubs and parks, for example, with their support. Families also visit the residents and provide support with taking them out.

- Staff informed that they help residents with cleaning and decorating their bedrooms according to their preferences.
- Residents pointed to the word card 'Good' for staff support.

Staff Feedback

We spoke with 2 staff members during our visit: the Team Leader, who has worked there for more than 5 years, and the Supported Housing Officer, who has been working part-time for 1 year.

This section of the report contains a summary of the feedback received.

General

- Both are satisfied with the Cleanliness, Pay, and Leave/Sick time, and feel supported by the management.
- Staff recalled receiving training such as Health and Safety, First Aid, Fire Safety, Manual Handling, Food Hygiene and Safeguarding Training as part of their induction. The training has helped them to carry out their duties effectively.
- Additionally, as part of their professional development, the staff receive ongoing training and have access to e-learning courses. Regular training time is built into staff meetings and team activities (approximately 2 hours).
- Both staff members were aware of how to raise a safeguarding alert.

Working Environment

- We were told there is a strong focus on promoting independence. Staff support and teach residents daily living skills such as making beds, cooking meals, grocery shopping, money management, and cleaning and laundry. These tasks are allocated daily, with specific skill-teaching days.
- Staff shared examples of success stories, including residents transitioning from high anxiety around haircuts and public outings to needing minimal support.
- Staff are happy with the break and handover time. Information regarding residents' needs is recorded in handover files and given to the incoming staff member.

- Staff told us they enjoy supporting residents and communicating with them verbally and in signs. No specific difficulties in their workday were reported.
- Staff reported no issues in residents accessing health and social care services. Residents communicate any health concerns to the staff, who then make necessary arrangements for them to see a GP or a dentist, for example.
- Staff told us that family visits are flexible with casual notice and an annual summer meet-up.
- Staff find communication with residents and their families easy, and no obstacles were reported. Staff told us families and friends maintain contact through calls, emails, and informal visits.
- Staff reported feeling generally happy after their shift, and no additional resources or support are needed.
- We were told residents are regularly consulted about activities and preferences, and staff support residents' participation in activities like jigsaws and puzzles, and outdoor activities like going to the cinema, bowling, and day trips.
- Staff suggested that additional activity funding could support more choice and personal purchasing for residents.

Management Feedback

We spoke with the Registered Manager.

This section of the report contains a summary of the feedback received.

General

- The Registered Manager provided an overview of the home. They explained that the home provides accommodation and support for up to six adults with learning disabilities, helping them live as independently as possible in a safe and supportive environment.
- The service offers personal care and daily living support, delivered under the Hillingdon Council's registered domiciliary care arrangements. The service is designed to support people in building independence and confidence in daily life, learning and maintaining practical living skills, accessing their local community, and receiving person-centred care and support in a homely setting.
- The Home is a large, detached house located in a quiet residential area, close to local shops and public transport links. It has six single bedrooms, each with a hand-wash basin, a large communal lounge and dining

area, a fully equipped kitchen and laundry facilities. It also has a garden with step-free access, ramped front entrance and support rails on the stairs, making it accessible to wheelchair users and people with restricted mobility. Residents are encouraged to personalise their rooms according to their preferences.

- To maintain a safe and clean environment, we were told that staff complete daily visual checks of communal areas, equipment, accessibility, and safety. Formal health and safety and fire safety checks are carried out regularly, with maintenance issues reported promptly to Hillingdon Repairs.

- The home follows a documented cleaning schedule. Staff are trained in infection prevention and control, and managers carry out spot checks to ensure standards are maintained. Residents are supported to keep their own rooms clean where appropriate.

- Routine infection control testing is not carried out as standard for residents travelling from the hospital. If a service user presents with symptoms of infection, the service follows current Government guidance and local infection prevention and control procedures.

- The Manager reported that medicines are stored securely and administered by trained staff only. Medication Administration Record (MAR) charts are used and checked daily. Any errors or concerns are recorded and escalated in line with policy, with regular reviews alongside health professionals.

- To identify risks, individual risk assessments are in place and reviewed regularly. Accidents, incidents, and near misses are recorded and analysed to reduce future risk. Management oversight ensures timely action to maintain people's safety.

Health and Wellbeing

- To help residents maintain their health and wellbeing, we were told the home supports residents with capacity to register with a GP. Many residents are registered with local GP practices of their choice, and staff provide support where required to arrange registration, attend appointments, and access healthcare services.

- The Manager informed us that they had previously experienced issues with a pharmacy which was not equipped to manage the type of medications required. However, a new pharmacy has since been sourced, and there are currently no issues with the provision or management of medications.

- In the past, there have been delays in discharge from the hospital due to a lack of timely organisation and the availability of the necessary equipment. However, these issues have been identified and addressed to improve future discharge planning and coordination.

Complaints

- The Manager told us that all residents are made aware of how to make a complaint or raise concerns. This information is provided in an accessible format, and family members and representatives are also supported and informed about the complaints process. An accessible copy of the complaints and concerns process is displayed on the residents' notice board.

- The home informs the local authority of any complaints and the outcomes.

Meals

- We asked the Manager to what extent residents' dietary needs and food preferences are met. They explained that residents are supported to make healthy food and drink choices. They are also supported to personally choose their Wiltshire Farm Foods meals monthly, promoting choice and independence.

Safeguarding and Falls

- The home has had a safeguarding alert within the last 12 month relating to bruising sustained by a resident. The resident was supported to attend the hospital, and the safeguarding procedure was followed. The Council's Multi-Agency Safeguarding Hub (MASH) completed an investigation, which resulted in a referral to Occupational Therapy. The referral is still pending/ongoing.

- The home has not had any fall incidents. A falls champion has been allocated within the staff team.

Care Plans

- Families are actively involved in the service. We were told they attend annual reviews and provide regular input in care plans. Support plans are adapted on an ongoing basis to reflect people's changing needs, and family members are kept informed and provided with copies of updated support plans.

- To ensure care plans reflect residents' needs, the home ensures residents are consulted and fully involved when support plans are created and reviewed. They are reviewed according to residents' views, wishes and preferences either annually or as needed.

Safety and security

- To maintain safety and keep the home secure, all staff, contractors, and visiting family members are required to sign in and out of the building in line with health and safety procedures. Support staff ensure they are aware when service users leave the building.

- The Manager informed us that all staff carry a valid London Borough of Hillingdon (LBH) ID badge. Agency staff are required to provide supplier identification, and new agency staff must present their ID before being permitted entry to the building. The same identification requirements apply to contractors.

- Any complaints or safeguarding concerns can be raised directly with the service manager or via the London Borough of Hillingdon complaints portal.

Engagement and Inclusion

- The Manager told us about the various ways the staff engage and involve residents in planning their care and support.

- For example, residents can contribute to menu planning by choosing their Wiltshire Farm Foods meals monthly.

- Activities are discussed regularly in resident meetings to ensure they reflect people's interests, preferences, and choices. A designated staff member is responsible for planning the activities.

- To encourage socialising, residents are supported to engage with other residents both within the home and in the community. This includes attending social clubs and taking part in in-house group activities organised by staff, such as arts and crafts.

- Residents' diverse cultural and religious backgrounds are respected, and they are supported to participate in activities and events, such as Christmas and Easter, in line with their individual beliefs, preferences, and wishes.

- As all residents have a diagnosed learning disability, the home supports every resident according to their individual support plans and risk assessments, providing person-centred care that is tailored to their specific needs, abilities, and capacities.

- To engage with friends and families, family members can contact the service via phone or directly contact the manager via email.

Community and other support services

- All service users are supported by staff to attend appointments, such as GP and other health appointments, and access the community. The level of support provided is based on individual needs, behaviours, and risk assessments. Some service users can attend outings in small groups, while others require one-to-one staff support to ensure their safety and wellbeing.

Staff

- The home requires all new staff to complete a mandatory induction, which includes mandatory training, completion of the Care Certificate where applicable, and supervised shadowing shifts. Staff are also subject to a six-month probationary period to ensure they are suitable and competent in their role.
- The Manager advised us that staff receive regular one-to-one feedback as part of supervision. Positive practices and team achievements are also shared through group feedback during full team meetings (FTMs).
- For personal and professional development, The London Borough of Hillingdon offers a range of development opportunities for staff, including QCF (Qualifications and Credit Framework) qualifications at Levels 2, 3, 4 and above, depending on role and responsibilities. Staff also have access to a wide range of mandatory and additional training to support their professional development.

5. Recommendations

Healthwatch Hillingdon would like to thank the service for the support in arranging our Enter & View visit.

Based on the analysis of all feedback obtained, we would like to make the following recommendations.

Signage

There was no external signage on the house, and Authorised Representatives found the property difficult to identify on arrival.

We recognise that the service is designed to reflect a domestic home environment and align with surrounding residential properties.

Recommendation 1: The service may wish to ensure visitors receive clear arrival information in advance, while maintaining the domestic appearance of the home.

General Environment and Cleanliness

During the visit, some areas of the home felt cool to Authorised Representatives. However, residents were appropriately dressed, and we did not observe or receive feedback that residents were uncomfortable.

Recommendation 2: The service may wish to continue monitoring indoor temperatures, particularly in bathroom areas, to support residents' and visitors' comfort.

Personal Care and Independence

Staff told us residents are supported to make individual choices about activities and purchases, including through their own personal expenditure. Staff also reflected that additional resources for activities could further broaden the range of opportunities available to residents.

Recommendation 3: Continue supporting residents to make individual choices about activities and personal purchases and consider whether any additional activity resources could further broaden opportunities in line with residents' preferences.

Overall Good Practices Identified

Throughout our visit, we observed a number of positive practices that contributed to a supportive, person-centred, and well-managed environment. The home demonstrated a strong focus on promoting residents' independence, with staff actively supporting daily living skills and encouraging choice in activities and routines. The environment was clean, organised, and homely, and interactions between staff and residents were consistently positive, respectful, and responsive to individual communication needs. Staff reported feeling supported and well-trained, and residents appeared comfortable, safe, and content within the home. These examples reflect a service that is operating effectively and with care.

Recommendation 4: Continue to maintain and build on these strong practices to ensure the ongoing delivery of high-quality care and support.

AR	Authorised Representative
CQC	Care Quality Commission

Enter & View E&V

Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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