# The Hesley Group Limited

# Hesley Village

## Inspection report

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## Ratings

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|---|---|
| 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 |

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced and the inspection visit was carried out over two days.

The Hesley Village is registered to provide accommodation for up to 76 people. The village is on the outskirts of Tickhill, near Doncaster. There are several houses and flats, set in lots of grounds, with shops, a cinema and a café. The village is for people with learning disabilities and autistic spectrum disorder. Most people who live there have behaviour that can be challenging. At the time of this inspection the service was providing residential care for 33 people.

# Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

People who used the service told us they felt safe and were very happy with the care and support they received. We looked at seven people's care records and five care plans and these were clear and comprehensive. They included clear guidance for staff about people's preferences and the care and support they needed. We saw evidence of people's healthcare and nutritional needs being met.

People who used the service and those who mattered to them were involved in the assessment about their care, support and health needs and involved in producing their care plans and reviews. We saw people's plans had been updated regularly and when there were any changes in their needs.

The staff we spoke with knew the people they supported well. They were caring and genuinely interested in providing care and support that was centred on people's individual needs. People told us about lots of activities they did, both at home and in the community.

There was an overarching system to continuously review the quality of care being provided and incidents and accidents were learned from. The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make and we saw several instances where their feedback had been used to improve the service.

# Summary of findings

## 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. All the people we spoke with who used the service told us they were well looked after and felt safe. We knew from our records that safeguarding incidents were reported and dealt with appropriately.

The registered manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and was following the code of practice.

The way staff were recruited was safe and thorough pre-employment checks were done before they started work.

**Is the service effective?**

Good

The service was effective. People were supported by staff who were well trained and supported to give care and support met people's individual needs.

People told us the staff supported them with their health needs. The records we saw showed people saw their G.P and other specialist health care professionals when they needed to.

People were supported to have a balanced diet. Their plans were clear about what they liked and didn't like and included guidance about the way their food should be prepared and any special equipment they used to help them to be as independent as they could be with eating and drinking.

**Is the service caring?**

Good

The service was caring. People told us the staff were kind and caring. The staff we saw related to people with genuine warmth. Staff showed patience, gave encouragement and had respectful and positive attitudes.

Staff we spoke with had a good understanding of people's likes and dislikes and their strengths and needs. We saw that they encouraged people to be as independent as they could be.

People who used the service and most family members told us they felt staff listened to them and valued what they said. They and their relatives, friends and other professionals were asked to complete satisfaction surveys and their feedback was used to improve the service.

**Is the service responsive?**

Good

The service was responsive. Staff asked people's views, encouraged them to make decisions and listened to and acted on them. People also had access to independent advocates, who could speak up on their behalf.

People's needs were assessed before they moved in. There were plans that clearly showed people's very diverse needs, preferences, interests and goals. People were involved in activities they liked, both at home and in the community. They were supported to maintain relationships with their friends and relatives.

# Summary of findings

There were systems in place to deal with complaints any concerns raised were taken seriously and fully investigated. People we spoke with felt comfortable to talk to staff if they had a concern.

**Is the service well-led?**

Good

The service was well-led. We saw good leadership at all levels and the service had clear values, which included involvement, dignity, respect, equality and independence for people.

The management team had systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents and learn from them.

The management team asked people to give feedback about their care and support to see if there were any improvements they needed to make. People had meetings where they had a chance to say what they thought about the service and were also asked to fill in questionnaires about the quality of the service. We saw several instances where their feedback had been used to improve the service.

# Hesley Village

**Detailed findings**

## Background to this inspection

We visited the service on 10 and 11 July 2014. The inspection team consisted of a lead inspector and an Expert by Experience who had experience of learning disability services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was an unannounced inspection. We used a number of different methods to help us understand the experiences of people who used the service. These including talking with people and observing the care and support being delivered. We looked at documents and records that related to eight people's support and care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we spent time observing four people. This showed us there was very positive interaction between these four people and the staff supporting them. We also spent time observing, less formally, the interaction between people and the staff supporting them.

We spoke with five people who used the service to gain their views. We spoke with 11 family members of people who used the service. We also spoke with the registered manager, two care managers, a team leader and nine members of care staff.

The last inspection was in September 2013. There were no concerns found at that inspection.

Before our inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. The provider sent us 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.

People's placements were funded by several different local authorities and health authorities around the country. We contacted representatives of the authorities who placed people in the service including social workers and care managers. The seven professionals who responded all gave positive feedback about the service. We also contacted an Independent Mental Capacity Advocate (IMCA) for one person who used the service. Their feedback was also very positive.

# Is the service safe?

## Our findings

We looked at how the service protected people from abuse. All the people we spoke with who used the service said they felt safe at the Hesley Village. One person we spoke with said they felt safe and happy, although there had been an incident when another person who used the service had slapped them. They told us they had told the staff about the incident. We followed this incident up and found that it had been dealt with appropriately by the service. The person had received appropriate support at the time, steps had been taken to prevent similar incidents from happening again and the incident was reported to the local safeguarding team and to CQC.

A member of care staff explained that all such incidents were reported and incident forms filled out. A care manager also explained that whenever a safeguarding incident happened it was reported to the local social services safeguarding team. Another member of care staff told us the form they filled in included a 'post incident review' to make sure they looked at what happened and looked for ways to prevent similar incidents happening again.

10 of the 11 family members we spoke with said people were kept safe from abuse. One family member told us they thought the service had not protected their relative or acted in their best interests. The concerns they raised were being dealt with through the Local Authority safeguarding process and the provider's complaints process at the time of the inspection.

We asked three care staff about their understanding of safeguarding. We asked what they would do if they witnessed any abuse or suspected that it might have taken place. They knew who to report it to within the service and understood the process that would be followed. They had a good understanding of safeguarding, were confident about what they would do if there were concerns and were aware of the measures to be followed to protect people from harm.

According to the provider information return, 97% of staff had received training in safeguarding within the last two years. The staff we spoke with told us safeguarding and whistle blowing were part of the induction when they started work. The training records we saw showed staff had safeguarding training and this was updated annually. Staff and managers had also had training in equality, diversity and human rights, control and restraint and positive behaviour support, dignity, respect and person centred planning and care. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

One person's social worker told us they visited and were happy to see a very person centred approach and care plan. They told us the person they placed had significant trust and behavioural issues and there had been some incidents since the person moved to the service. Two had resulted in safeguarding referrals being made. The social worker told us they had been informed in a timely manner by the staff and kept up to date. Another social worker told us of other instances, which showed safeguarding issues had been dealt with appropriately by the staff.

The records we saw showed that management team were aware there had been recent, National changes in the way the Deprivation of Liberty Safeguards were interpreted, widening their definition. They had been proactive in getting in touch with the local authorities funding people's placements. They had discussed what action the service should take to make sure they met the key requirements of the Mental Capacity Act 2005 and were following a plan of action to put these into practice.

We saw the written records for three people and these showed that managers of the service had followed the correct authorisation process.

Care staff had received training in the principles associated with the Mental Capacity Act 2005. The records we saw of staff training confirmed this and the staff we spoke with understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager told us that key senior members of the management team and senior staff had received training on the Deprivation of Liberty Safeguards. They added that this training was prioritised to be given to all care staff during 2014 and showed us evidence to support this.

Three further care plans we saw included mental capacity assessments. These talked about whether the person had the capacity to make and communicate decisions about their day to day care, as well as more complex decisions about their health care needs or financial expenditure.

# Is the service safe?

We saw records in two people's files of best interest meetings that had taken place. One meeting was about whether a person should have a particular medical procedure. The meetings had involved their parents, an advocate, staff from the home and other professionals. These showed that decisions made on people's behalf, were made in accordance with the principles of the Mental Capacity Act.

We contacted an independent mental capacity advocate (IMCA) for one person who used the service. Their feedback about the service was very positive and they told us that staff had a good awareness and use of the Mental Capacity Act.

We looked at how the service managed risk. Staff told us there were policies and procedures to help them to understand the way risks should be managed. We saw risk assessments for five people. They were proportionate and centred around the needs of the person. They were regularly reviewed and took note of equality and human rights legislation. The records we saw showed people's reviews included what was the least restrictive way to keep people safe and provided them with the most freedom possible. Staff gave people information about risks and supported them in their choices so they had control and autonomy.

The service was geared to meet the needs of people with behaviour which challenged others. Where this risk had been identified, there was clear guidance for staff in people's care plans and risk assessments to help staff to deal with any incidents effectively. Each person had a Hesley enhancing lives programme (HELP) profile that included crisis prevention and management plans, and were designed to help understand and reduce the causes of behaviour, which distressed people or put them at risk of harm. There was an emphasis on empathy and proactive support and it was clear that physical intervention was considered a last resort. They gave guidance how staff should work with people and support them to manage their behaviour. The care plans we saw showed there were regular reviews of people's HELP profiles.

Staff told us they had specific training in the HELP programme. They explained it was a behaviour support approach based on therapeutic crisis intervention (TCI), which helped them manage any behaviour which challenges people might display. They said the training focussed on maintaining people's dignity and included de-escalation skills. We saw two examples of staff successfully using de-escalation, in practice during our visit. On both occasions the staff managed the situations in a patient and positive way and protected people's dignity and rights.

The staff we spoke with were familiar with the people they supported and the ways they should work with them. They were familiar with the interventions they should use. Most said that, although they had training in control and restraint they had not needed to use restraint. We also saw evidence that the people had been assessed and had input from psychiatry, psychology, and speech and occupational therapy services when it was needed.

We looked at how the service managed staffing and recruitment. There were sufficient staff on duty to keep people safe during our inspection and most people had one staff member supporting them individually. Some people we met while walking around the village had two staff members supporting them. The registered manager explained how the service regularly reviewed staffing levels and adjusted them based on people's assessed needs and risks. They explained this was part of their monthly meeting with their line manager.

We looked at recruitment records of six staff members and spoke with four staff about their recruitment experiences. The relevant checks had been completed before staff worked unsupervised and these were clearly recorded. Checks included taking up written references, identification check, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The recruitment system included applicants completing a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. We saw that interview notes were kept on each staff member's records to show that the recruitment process tested candidate's suitability for the role they had applied for. A care manager told us all staff go through a four week induction to the job and undergo training. The records we saw showed the induction included core training, such as health and safety,

# Is the service safe?

caring for people with respect and dignity and safeguarding people from abuse. Staff told us they also received a period of 'shadowing' experienced care workers before they were allowed to work unsupervised.

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# Is the service effective?

## Our findings

We looked at how the service trained and supported their staff. Staff were trained to help them in meeting people's needs effectively. From the pre-inspection information the provider sent us we saw staff received training in areas such as health and safety, first aid, food hygiene, medication safe handling, moving and handling and the prevention and control of infection. During the inspection we saw there was an effective system in place, designed to make sure staff received the training and the updates they needed.

Staff also had training in areas related to the individual needs of the people they supported. This included dementia care, autism, signing, malnutrition care and assistance with eating and managing choking. All the staff we spoke with said their employer; the Hesley Group was good at making sure they had good quality, relevant training. They all said the induction and on going training they had was very useful and helped them feel confident to support the people who used the service.

The staff we observed and spoke with were knowledgeable about good practice in providing support to people with learning disabilities and autism. They had a good understanding of the people they supported and their needs. Several said they had worked with the people they supported for some years. Another said they knew the person they supported well. They had spent time shadowing staff at the person's previous placement before they moved to the Hesley Village and this had been a real help in getting to know the person.

The staff we spoke with all said they felt they worked well in their teams and were well supported by their managers. One staff member told us there had been a recent period when staff in their team were not supported well by their team leader. They had missed out on their one-one supervision meetings and on team meetings. They had raised this with the care manager and it had been addressed. They told us changes had been made to make sure the team members had the support they needed. The care manager confirmed this. They told us they were pleased the staff were confident to raise issues about their supervision and support with them.

We looked at how people were supported with their health. We saw three people's health care plans and saw these were in a format for people with learning disabilities, with large print and pictures. People had been involved in completing them. The records we saw also showed people's health needs and preferences were known and kept under review.

One person talked about going to the doctors. They said, "I go to the doctors to have check-ups on my health." They told us the doctor suggested they ought to lose weight, so staff supported them to go to 'slimming world' once a week. They were proud they had lost weight and said, "I have done really well." The staff member who was supporting the person said, "We help (the person) with cooking, making healthy choices and watching portion sizes." The person also told us they liked pasta, going for walks in the park and swimming once a week.

When speaking with another person they also talked about their health and said staff regularly took them to the doctors because of a specific health care problem they had. The staff member who was supporting the person was very familiar with their needs and told us about the treatment and special diet the doctor had recommended.

Staff told us 'social stories' were often used if there were changes to people's care or health, to ease the disruption of change, to help explain what would happen and to help people make choices. Social stories are short stories written in a specific style and format. They are designed to help people with autism and related disabilities to become familiar with a situation, to respond appropriately and to help prepare for a new experience. They describe what happens in a specific situation and present information in a structured way, giving social information through pictures and text. One person we spoke with was very enthusiastic about social stories as they had used one to help them decide they wanted to live on their own.

The service engaged with health and social care agencies and employed a multi-disciplinary team including a clinical psychologist, supported by applied behaviour analysts (ABAs) a team of occupational therapists (OT), a team of speech and language therapists (SALTs) supported by communication coordinators and a psychiatrist who held regular reviews.

The registered manager said there was room to improve how the service worked with local healthcare professionals

# Is the service effective?

to meet people's complex health needs. This was also identified in the pre-inspection information the provider sent us, they told us they were working to strengthen their partnerships with local healthcare professionals.

One social worker said they had been involved in a review recently. They told us the support and care seemed to be good and there appeared to be a good level of understanding on how to support the person and meet their complex needs. They said both the person's parents were happy with the service and told us, "There also appears to be a multi-disciplinary, SALT, OT and psychology input. The site itself is in good order, I was invited into (the person's) flat... and that was well presented."

The registered manager showed us one person's new house, which was nearly ready for them to move into. They explained that the person was visually impaired, had chosen the colours and furniture they wanted and a specialist visual impairment team had been asked about the best way the colours and furniture could be used to in each room. This helped to make the house as accessible as possible for the person, to help them get around as independently as possible in their home.

We looked at how people were supported with eating and drinking. Some people were supported by staff to cook at home. Staff helped other people to order their meals pre-cooked. The people we spoke with told us they had a variety of meals and made choices.

Each person was assessed to identify the risks with their eating and drinking and had a care plan about their needs. There was guidance for staff on how to meet people's particular needs in these risk assessments and care plans.

People's weight was checked at regular intervals. This helped staff to make sure people maintained a healthy weight. Where people were assessed as at risk, records were seen detailing what they had eaten and drank. Where necessary, people's diets and menus had been put together with input from relevant professionals. We saw the advice available for staff from a speech and language therapist about what foods were appropriate for one person, who needed a soft diet. Another person's file showed they, and the staff supporting them, had help and advice from a dietitian about their special diet. We also saw that people's religious and cultural needs and preferences were catered for.

The records we saw showed people were supported to do their grocery shopping at local supermarkets and we saw there were shops in the village. There was a Bistro in the village where people could either eat in or take their food out. This had been refurbished to a very high standard.

One person needed to eat a texture modified diet because of swallowing difficulties. They had a detailed risk assessment and care plan about their needs including guidance about the way their food should be prepared. People's plans also included any special equipment they used. This included things like slip mats, plate guards and adapted spoons and cups, which helped them to be as independent as they could be with eating and drinking.

# Is the service caring?

## Our findings

All the people we spoke with who used the service said staff were caring and supportive towards them. They all said the staff were kind and respected them. They said this about all of the staff who looked after them. They told us they liked the staff, for instance one person said, "I am happy with my staff" another person told us, "I really like working with (staff member)."

People said they were happy with their care and support and made decisions about their lives. They told us they had support from staff who got to know them well. People told us they made lots of choices every day. This included what activities they wanted to do, what and where they wanted to eat and what clothes they wanted to wear.

The SOFI observation we did showed us there were very positive interactions between the four people we observed and the staff supporting them. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff were friendly, encouraged people to speak for themselves and gave them time to do so. They engaged with people in a respectful way. We saw people being offered choices and staff often asked people how they were and if they wanted or needed anything.

People had their own, detailed plans of care. This helped to make sure care was individual and centred on each person. The plans included what was important to people and how staff should support them to maintain their privacy and dignity. For instance, the care plan we saw for one person who had their own flat, showed they liked to keep their bathroom door open. We saw they had a nice, decorative screen in their flat, which was positioned in a way that helped preserve their privacy and dignity.

The registered manager and staff we spoke with showed real concern for people's wellbeing. And the staff we observed and spoke with knew people well, including their personal histories. They understood the way people communicated. This helped them to meet people's individual needs. The care plans we saw showed people's religious and spiritual beliefs. One staff member told us that a person they supported was from a minority ethnic background. They were very aware of the person's specific needs and preferences.

We looked at how people were supported to be involved and make decisions. The people we spoke with who used the service all confirmed they felt they were listened to. One person said, "Staff listen to me" another told us, "I really like (staff member) she is patient and listens to me." A third person said, "Staff listen to me and they help me a lot."

The professionals who had contact with the service and who gave us feedback were positive about the way staff treated people and about communication with families. One social worker gave feedback that one person's parents were happy with the placement overall.

Most family members we spoke with told us staff listened to them and acted on what they said. However, one family member told us that, in their experience, this was not the case and they had made complaints to the provider that the registered manager and other members of the management team did not listen. The registered manager showed us written records of investigations and these had been approached in an open and thorough way.

Although we saw that some people had had access to independent advocates, the registered manager told us they wanted people to have better access to advocacy, so they had commissioned an independent advocacy service to provide on site advocacy two days each week.

# Is the service responsive?

## Our findings

We looked to see if people received personalised care. People we spoke with told us they were involved in their care plans. People we visited had their care plans in their homes. The care plans we looked at were personalised, were in an easy read format with pictures and photographs to help them be involved. People's needs were regularly reviewed with the person and those close to them and their plans were updated to reflect changes in their needs, choices and preferences.

The written documents we saw, such as questionnaires and how to complain, were in formats that were in easy to read and designed for people with learning disabilities.

We saw some people taking part in a music session and one care manager told us the village was a place where people could learn the skills they needed to go out in the community. One person who used the service said, "I like going to Doncaster Dome and going to the pictures. I also like the karaoke here as well."

Others told us about the activities they did comments included: "I like going out with (staff member) for a bike ride through the woods. I also like cooking on a Tuesday", "I go out with staff in the car to Lakeside Village", "I like going to the supermarket, shopping for food and then a ride round in the car", "I have been for a nice walk to Rothay park", "I have been to Liverpool FC ground to watch them play football" and "I like to go to York, Pickering to see the steam trains and Scarborough with staff."

A staff member supporting one person said the person loved karaoke, listening to their favourite music and going to drama. They went to the pub and enjoyed bowling once a week.

The staff we spoke with supported people towards their goals. For instance, the registered manager and several of the care staff we spoke with were proud of the success they had with supporting one person to go out into the community. They said when the person had moved in, due to anxiety; they had not been out for a long time. Additionally, a social worker told us a person they had placed at the service was a mature person, who had not engaged in many activities at their previous placement. They said the person had started to do more and to go out regularly since moving to the service. Another social worker told us, "The person that I was involved with appeared well supported and had made good progress since moving there from school. (The person) was able to access the community again with support, which had become very difficult."

Two people we spoke with had recently had moved from shared accommodation in the village, to single accommodation. They were happy they had moved into their own flats. A member of the management team told us since the person had moved they had become more independent and were doing more things for themselves.

The registered manager said feedback from people and their families showed there was still room to improve activities and vocational opportunities for people and this was an area that they were focussing on. In the provider information return (PIR) the provider sent us, they told us they aimed to use an advocacy service to undertake a consultation exercise in October 2014 with the people that used the service, their families and the staff in relation to the activities and vocational opportunities the service provided, with a view of providing better choice and experiences for the people.

When we asked one person what they thought could be improved about the service, they said, "I would like to go out more. I don't get out as much because I like to go out on my own. We need more vehicles and drivers. I don't like to go out with the other residents." The feedback we got from two people's family members included criticism about people's activities in the local community being cancelled. One family member said their relative should go swimming three times a week, but often only went once. This was due to there not being enough staff, or drivers and vehicles to meet everyone's needs.

The registered manager told us they had had feedback from people who used the service and their relatives about these issues and told us about action they had taken to address this. They said they had recruited more care staff who could drive and had changed things so new staff took their test for driving the minibus during their induction period, so they were able to support people soon after they started work. They said that there were still challenges with issues that came up at short notice, and they were continuing to recruit staff who could drive to help with this.

They told us a transport manager now attended the manager's meeting each morning to help coordinate resources better. We attended the manager's meeting on

# Is the service responsive?

the second day of our visit and people's transport needs for appointments and planned activities were discussed. The managers talked about the resources available to facilitate these. They were aware of who used public transport and who needed drivers to support them to get to where they needed to be. It was also evident staff rotas had been planned around people's appointments and activities, so where possible, the drivers in the staff teams were available.

Staff supported people to maintain contact with people who were important to them. One person told us, "I go back home a lot to see my family." and "I go on holiday (abroad) to see my grandparents. Staff help me to budget my money."

Most people said that they phoned their loved ones a lot and they came to visit them. Some people's relatives travelled a long way to visit and there was free accommodation available for them, in log cabin-style houses. New technologies, such as video calls were also used so people could keep in touch. One person's family member told us they checked how their relative was, using Skype to talk with them every evening.

We were shown around and saw the buildings were well designed for the needs of the people who used the service. Some people lived alone in flats or houses and others shared. People we spoke with said they had their own space when they needed it. People's flats and houses were homely, well maintained and showed people's personalities and interests. Some people had pictures of their family and activities they had done on the wall.

We looked at how the service sought people's views and managed complaints. There were regular forums for people who used the service, called the resident's council, where they could talk about what they thought. People and those close to them were also asked to complete questionnaires about their experience of the service and their feedback was used to help form the basis of the quality action plan for the service.

The complaints procedure set out the steps people could follow if they were unhappy about service. We looked at the records the service kept of three recent complaints they had received. We found that these complaints had been taken seriously, explored and responded to in good time. Records also showed that every effort was made to make sure complaints were resolved to the complainant's satisfaction, where possible. The manager told us complaints were used to improve the service and we saw evidence of improvements made as a result of feedback and complaints. We also saw evidence that examples of learning from complaints had been shared with the whole staff team.

People who used the service were provided with an 'easy read' guide to help them to understand how to make a complaint. When asked whether they knew who to complain to, most people who used the service said they would complain to the care manager or to the staff on duty and were confident about making a complaint.

During our visit one person said they did not like it when there was a changeover of staff. They said they liked one staff member and would like that particular staff member to work with them all the time. The care manager who was present listened to what the person said and explained why this was not possible, in a way the person could understand. The care manager said they would arrange for a review to see if the way the person's care was organised could be changed to take this into account.

# Is the service well-led?

## Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The Hesley Group, who ran the service, had a clear set of values. These included involvement, dignity, respect, equality and independence for people. We spoke with several staff who said the values of the service were very clear and they demonstrated a good understanding of these values. They said these values were in the policies and procedures of the service, were part of their induction and on-going training, and talked about in their meetings.

We saw good leadership at all levels. At the time of our inspection the service had a registered manager in post. All the staff and managers we spoke with had a well-developed understanding of equality, diversity and human rights and put these into practice.

We sat in on a daily managers' meeting. These meetings took place each morning and helped to keep the management team up to date with people's welfare and what was happening for people in the village and the community. The events that had taken place for people the day before were discussed and transport was co-ordinated. The managers were aware of people's individual needs and showed real concern for their welfare and a determination to 'get things right' for people.

The registered manager told us the Chief Executive (CEO) of the Hesley Group was very passionate about people's care and outcomes. Another instance of this was that the CEO met every staff member during their induction training. This was confirmed by the staff we spoke with. They told us their induction training included the values and principles of the Hesley Group and explained the mission statement. They said the CEO told them what he wanted the outcomes to be for people who used the service. He also visited the service, took the opportunity to attend staff meetings and talked with staff.

We found the service promoted a transparent and open culture. The way people's views were sought included feedback from the family forum. People's families had formed their own forum, which was facilitated by the service, but run by the families themselves. We spoke with one person's relative, who was also the chair of the forum. They told us the forum met four times a year, most families were on the mailing list and several families attended. They said they felt that a real partnership was developing between the managers and the members of the forum over the past year. They thought members of the management team listened, were open and responsive.

The registered manager told us the provider invested a great deal to make sure people's accommodation was suitable for their needs. They also told us about new staff posts called 'practice leads' that had been created and recruited to as a result of feedback from people and their families. The staff recruited were experienced learning disability nurses whose primary focus was quality, outcomes and developing best care and clinical practice. They told us, "We want people to have the best."

There were systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents. We looked at records of accidents and incidents and saw evidence these were reviewed by the registered manager and reported to the provider. The provider information return the provider sent us told us the CEO, Board and quality team actively monitored the service to make sure that people received safe and effective care. We also saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them.

There was a culture of learning from mistakes and an open approach. We saw that there was a policy about whistle blowing and the registered manager told us staff were supported to question practice and whistle blowers were protected. Staff we spoke with were confident to say what they thought and said they felt the management team were willing to listen. They said they worked in good teams and their line managers were supportive, fair and open. The safeguarding records we saw showed staff had the confidence to report concerns about the care offered by colleagues, carers and other professionals.

The management team kept themselves and the staff up to date with new research, guidance and developments. For instance, the service had achieved the Investors in People accreditation since 2005. Investors in People provides a best practice standard in managing people. Offering accreditation to organisations that adhere to the Investors in People framework.