

# The Hesley Group Limited

# Wilsic Hall College

## Inspection report

Wilsic Hall  
Wadworth  
Doncaster  
South Yorkshire  
DN11 9AG

Tel: 01302856382

Date of inspection visit:  
26 July 2017  
27 July 2017

Date of publication:  
07 September 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Wilsic Hall College is a specialist residential service offering all year round education and care for up to eight young people aged 19 to 25 years. The young people have complex needs including behaviour that may challenge and a learning disability, often in association with autism. Accommodation is provided in two houses, Orchard Lane 4 and Orchard Lane 5. Each house has individual bedrooms, three of which have en-suite facilities. There are also shared communal areas such as a kitchen, dining area, lounge and gardens. At the time of our inspection eight men were living at the home.

This inspection took place on 26 and 27 July 2017, and was unannounced on the first day. This meant no one connected with the service knew we would be visiting the home that day. The home was previously inspected in July 2015 when we rated it as 'Good'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wilsic Hall College' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

All the people we spoke with told us they were very happy with the care and support provided at the service, and the way staff delivered that support.

Systems protected people from the risk of harm. Staff were knowledgeable about safeguarding people and were able to explain the procedures to follow should any concerns be raised.

People were encouraged to be as independent as possible, while staff took into consideration their wishes, and any risks associated with supporting them. Support plans and risk assessments were robust and internal systems were in place to enable the management team to get a clear overview of potential risks to people, so these could be managed effectively. However, not all support plans had been evaluated in line with the provider's expectations.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

The recruitment system helped the employer make safer recruitment decisions when employing new staff. New staff had received a comprehensive induction, which included essential training, at the beginning of their employment. An on going training and support programme ensured staff maintained and developed their knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were involved in planning, shopping for, and helping to prepare their own meals, with assistance from staff when needed.

Wilsic College provided a very caring environment for people to live in. Staff spoke passionately about supporting people to develop their skills and meet their full potential. We found they had used innovative methods to help individual people get over their fears and develop new skills and abilities.

People had access to social activities and education which was tailored to their individual needs and interests. People commented positively about the way staff supported people to develop their skills and knowledge

The provider had a complaints policy to guide people on how to raise concerns and there was a structured system in place for recording the detail and outcome of any concerns raised. This was also available in an easy to read version that used pictures to help people understand the process.

The registered manager and care team demonstrated a commitment to continually improve the service and use lessons learned to take the service forward. There were systems in place to enable people to share their opinion of the service provided. We also saw audits and checks were regularly undertaken to make sure company policies had been followed and the premises were safe and well maintained.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Wilsic Hall College

## **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 registered provider was 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.

The unannounced inspection took place on 26 and 27 July 2017. It was carried out by an 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We requested the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were eight people living at the home. We spoke with one person in depth, chattered with other people informally and spoke with two parents on the telephone. We also observed how staff supported people in the home and while attending college workshops. We spoke with the registered manager, a team leader, four care workers, an assistant psychologist and the head of the college people attended. We also observed a staff handover with a team leader and three care workers, and met with the registered provider's representative at the end of the second day of our visit.

As part of the inspection visit we looked at a range of documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care records, including medication records, three staff recruitment files, training and support records, minutes of meetings, audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they felt Wilsic College was a safe place for people to live. One person told us they felt they were safe living at the home "Because of the staff." They said they liked to use computers and described how staff talked to them about using the internet safely. They added, "I talked to [staff member] about how to stay safe if strangers try to talk to me." They said they would inform staff right away, if for example someone asked to meet with them. A relative told us they felt their family member was safe because, "[Person using service] feels safe he knows and trusts where he is." Another parent said, "Totally safe environment, suitable, quiet and relaxed, with all the right support."

We saw a self-contained flat had been specially adapted to meet one person's needs and keep them safe. Staff described how everything had been designed for safety reasons. For example, the walls were covered in Perspex to protect them, and fixtures, fittings and furniture had been made safe. For instance, washing facilities had push buttons instead of taps and the toilet was specially designed to stop it being easily moved or dislodged.

At the last inspection we found risk assessments were in place, however they did not reflect all relevant risks or the changes in people's lifestyles and needs. At this inspection we saw each person had been assessed in relation to any potential risks they may be vulnerable to, or may present. These risk assessments set out how staff should provide care and what steps they should take to ensure that the person was cared for safely. For instance, we saw the risks associated with food allergies and for when people went out into the community, socially or to work were in place.

Staff spoke positively about the training and support they received in relation to managing behaviour that may challenge the service or put someone at risk. They said they had completed the 'Hesley Enhancing Lives Programme' [HELP], which is a behaviour support approach based on Therapeutic Crisis Intervention [TCI]. This is accredited by the British Institute of Learning Disabilities [BILD]. The training looked at preventing and managing challenging behaviour which aims at avoiding confrontation by using a range of techniques.

We saw that people's care files included a HELP profile. These provided clear individualised guidance for staff on managing specific behaviours. For instance, triggers that may cause certain behaviour and techniques that should be used at different stages. We attended the staff handover on the second day of the inspection and saw how staff shared this information to make sure everyone was aware of any changes in people's planned care. We also saw written reports of incidents had been completed, these provided information about each incident, including the staff involved and any restraint used. Incidents had been recorded, monitored and reviewed, which enabled lessons to be learned and plans to be made to try to minimise reoccurrences.

Reported incidents and accidents had been monitored to help minimise risks to people. Completed reports contained good detail about incidents, with an assistant psychologist analysing the data for patterns and trends. The registered manager told us this information was then shared at the multidisciplinary team meetings.

We saw people who used the service were protected from the risk of abuse, because the registered provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found staff were knowledgeable about keeping people safe and had attended training in this subject. They told us they would not hesitate to report any safeguarding concerns straightaway.

We looked at the number of staff that were on duty on the days we visited and discussed the staffing arrangements with the registered manager and staff. The registered manager told us there had been quite a few staff changes at the beginning of the year, which had resulted in agency staff being used. He said the vacancies had now been filled. One care worker confirmed the service had used agency staff at the beginning of the year but added, "It has settled down now, it's a lot better." A member of staff told us there was always at least nine staff on duty each day, one care worker for each person living at the home, with an additional care worker to support the person who required two to one care. After 9.30pm this was reduced to five staff, although additional staff were arranged if people were attending a later, outside activity.

People we spoke with confirmed there was enough staff available to meet people's needs on an individual basis, and this was confirmed by our observations. A relative described how different levels of staff were arranged to meet their family member's needs. They said this could be two staff or one, depending on the time of day and activities they were engaging in.

The company's recruitment and selection process had been robustly followed, which helped to ensure new staff were appropriate to work with vulnerable people. Staff had completed application forms and had attended a face to face interview as part of an assessment day. Pre-employment checks had been undertaken. This included the registered provider obtaining at least two appropriate written references, seeing proof of their identity and completion of a criminal records check. Following being appointed staff had undertaken a structured induction to the company.

At our last inspection we found that although the arrangements for the administration and management of medicines were satisfactory the room where medicines were kept was very warm, which could have affected certain medicines. At this visit we found the medication room moved and the new room provided a more airy, cool environment. We also saw new thermometers had been purchased to monitor the average temperature of the room, as well as inside the storage cabinet and the fridge used to store temperature sensitive medication. Staff had recorded the temperatures regularly and these showed that medication was being stored within the acceptable range.

The Medication Administration Records [MAR] we sampled had been accurately completed and regular checks had been undertaken to make sure the stock was correct and staff were following the company policy. We saw all staff who administered medication had received training in this topic, as well as periodic observational competency checks. A parent told us, "His meds [medication] went off kilter slightly at first, the local doctor sorted him out, within two months they balanced his meds [medication] for depression and anxiety and he's come on tremendously."

Policies and procedures were in place to help ensure people's safety. For example, we saw regular health and safety meetings and fire drills had taken place, and each person had a Personal Emergency Evacuation Plan [PEEP]. These provided details of the support each person would need if the building had to be evacuated. The fire officer had inspected the premises in February 2016, and the registered manager told us there were no outstanding recommendations from their visit. The fire brigade had also visited in March 2017 to familiarise themselves with the building.

The head of the Hesley Village College told us people living at the home were involved in first aid, fire safety

and cycling proficiency to help keep them safe.



## Is the service effective?

### Our findings

People were empowered to be involved in decision making and were happy with how staff delivered care and support. We observed that people were cared for by staff who were supportive, patient, friendly and understanding. They listened to what people wanted and took time to make sure their preferences were met. The parents we spoke with said staff were good at communicating with people. One parent told us, "[Person living at the home] is nonverbal, he uses sign language, staff are rotated round [the person], once they get to know him and his body language it's easy."

People were supported to maintain good health and to access healthcare services when needed. Each person had two files, one covering their planned care and the second file included information about their health. Records demonstrated that as well as having access to internal support people also had access to outside healthcare professionals such as their GP, psychologists and occupational therapists. People's weight and wellbeing had been monitored regularly.

We also saw an 'emergency hospital passport' had been completed in each file. These contained information to tell hospital staff about the person should they need to attend hospital. For instance they explained how best to communicate with the person and any particular areas they would need support with.

We saw people were encouraged to maintain a healthy diet. Records highlighted people's individual likes and dislikes in relation to food, as well as any particular dietary needs. This helped staff to make sure they received the diet they needed and preferred. Staff told us that each person had an individual menu that suited their needs and preferences. If required there was a menu with pictures and symbols which staff told us was used to help people communicate what they wanted to eat. Staff described to us how each person was involved in choosing what they ate for each meal, and said mealtimes were flexible around what each person was doing that day. They told us that two people had chosen to lose weight so they were following a reduced calorie diet. We saw staff had put together a folder with health choice recipes that people could choose from, and help prepare.

The care files checked included assessments and monitoring tools to identify when someone may be at risk of not eating or drinking enough, and monitored what they actually ate. Staff were very aware of people's needs, and the actions they should take if support was required from external healthcare professionals.

People described to us how they were involved in food shopping and preparing meals, if they were able to do so. In the kitchen there was a board for people to write what shopping was needed and we saw staff encouraged people to cook or prepare meals. One person told us, "I buy my food, I chose my own. I go shopping with the staff." A parent commented, "He's put some weight on, he's eating better, his one to one [care worker] is brilliant with him." They added, "He gets a choice with food and has food supplements, he's enlarged his diet lately."

The Mental Capacity Act 2005 [MCA] is legislation designed to protect people who are unable to make

decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS], and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed, we found it had. Records demonstrated that people's capacity to make decisions had been initially assessed, and this was followed by periodic reviews. Where people had the capacity to make certain decisions this was clearly recorded. However, we noted that some reviews had not taken place as indicated on the documentation we saw. The registered manager told us he had identified this and reviews were to take place in the Multidisciplinary Team Meeting [MDT] in August. Staff we spoke with had a good awareness of MCA and told us they had received training in this area. The records we saw confirmed this.

We saw evidence that DoLS applications had been submitted to the local supervisory body, some had been authorised, while others were pending a decision. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager had a good understanding about gaining consent and the process for making decisions in people's best interest, and this was reflected in the records we saw.

New staff completed a structured induction at the beginning of their employment. This included completing the company's four week induction training package and working alongside experienced staff until they were assessed as competent to work on their own. The registered manager said that appropriate new staff were also expected to complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We looked at the home's training matrix and the training certificates held on staff files. These demonstrated that staff had completed the company's mandatory training, which had been followed by periodic refresher training. This included specific training to help staff support the people living at Wilsic College, and additional training to develop their knowledge and skills so they could progress in the company. For instance, one senior care worker told us they had completed training to enable them to supervise other staff, they added, "and I have just finished a level three management course." Other staff we spoke with also spoke positively about the training they had undertaken.

Another care worker told us, "The training on the wall [in the staff area] to remind us [what training is due], it's great, and we can ask if there is anything we want to do, such as I asked to do Makaton [a form of sign language] in the past, and I did it. They have also offered me a management course." We saw staff were also supported to complete nationally recognised awards in care. One parent told us they felt staff needed more training, but they did not give any examples of the additional training they felt should be completed.

Records and staff comments also showed staff received regular one to one support meetings and an annual appraisal of their work performance. Staff told us they felt they had received all the training and support they needed.

## Is the service caring?

### Our findings

During our visit saw staff interacting with people in an inclusive, caring, supportive and friendly manner, treating them with dignity and respect. For instance, when one person was stood outside in the rain not communicating with anyone, we saw staff were very patient and caring in their approach, gently encouraging him to come in from the rain. They gave him plenty of space, never crowding him, but at the same time always letting him know they were there if he wanted to come in and have a chat. A relative told us, "When he [person using the service] came he would only sit in the sensory bit [of the home] near the kitchen, now he sits in the kitchen. I never know what's next, praise them [staff] to the sky." We also saw at a recent meeting one parent had written on the feedback sheet, "You are flexible, caring, put students at the heart of what you do."

We saw staff interacted with people who used the service in a kind and sensitive manner and humour was used appropriately with people. They treated each person as an individual and we saw they were asked what they wanted to do, giving them control over what and how things were done. For instance, we observed staff supporting someone around the home, when they saw us approaching the stairs they were coming down they stopped. The care worker escorting them, and the team leader who was accompanying us, both stopped and waiting for them to come down the stairs in their own time, offering encouragement, reassurance and praise.

Staff told us they used dog therapy and to help people engage in the community and go to places they may not usually go to. For example, we were told one person would not go into shops, but by using a small dog he managed to do this now. They also said this was also used to help them access the dentist, and now they felt they can just go with just their key worker. This was confirmed by a parent we spoke with who said staff were, "Caring, kind and compassionate ten times over." They told us when their family member had to attend the doctors for treatment staff had explained everything to them and asked them if they would like to take the dog with them when they went, but they declined. They added, "They are exceedingly good at talking things through with [family member]."

Staff shared with us other examples of how people had progressed while living at the home. They told us about one person who would not eat or go out into the community on admission, but in the last six months they were now eating 'proper' meals. Another example was someone who had learned to tie their shoe laces. We also saw one person had progressed from wearing incontinence aids 24 hours a day, to only wearing them at night. All these examples had led to people leading a better, more inclusive life.

Staff encouraged people to be as independent as they were able to be, particularly with their personal care and meals. For example, we saw some people had their daily routines on a chart on their bedroom wall. Staff said this was to remind them what needed doing, and therefore encouraged independence. We also witnessed that when one person had not completed their usual morning routine a care worker prompted him, "Don't forget to have a shave [person using the service]. They responded, "Just going to have one now."

During the first day of the inspection we visited the company's college at The Hesley Village where people regularly attended workshops and social events. We saw six people who used the service engaging in classes. One person was feeling ill so staff took them to a quiet area between the classrooms. They showed excellent compassion, they checked how he felt and reassured him. As he recovered they did things at his pace, not moving on until he was ready.

We saw bedrooms were designed to suit the individual person. Some people's rooms had posters, family photos, a computer and mementos, while other people's rooms were more basic, due to their behaviour or their choice. One person had painted numbers on the walls, as this was something they liked to do. Staff said people were involved in cleaning their room, with their assistance. One person had a self-contained flat that enabled them, with assistance, to make meals and wash their clothes, and have their own space to live and relax.

People's preferences were detailed in their care plans, along with information about what was important to them. Discussions with staff demonstrated a very good knowledge of the people they supported, their care needs, their likes and dislikes, and any triggers that could affect their behaviour. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences to a very high standard.

People were given choice about where and how they spent their time, with staff encouraging them to be involved in education, activities and outings.

Throughout our visit we saw staff respected people's dignity and privacy. They spoke passionately about the people they supported and their job. One care worker described how they supported someone after having a seizure. They said they would make sure the person had privacy, close the door and blinds, and stay with them until they were settled. They also discussed supporting people "hand on hand" so the person was in control, not the care worker. Another member of staff told us, "It's hard work, but very rewarding. It's different every day, but I love it, it gives you a sense of pride and satisfaction that you've helped them [people living at Wilsic College] to get to where they are." A third care worker commented, "It could be that someone puts their shoes on themselves and they smile, it makes the bad days' worth it."

We saw people had been helped to maintain relationships with people who were important to them. Staff said relatives and friends were welcome at the home and there were no restrictions on times or lengths of visits. We also found people were supported to visit their families, or go on outings with them.

Care records outlined the preferred arrangements in relation to people's end of life. Where the person could not tell staff what they wanted their families had been involved.

People were supported to access an independent advocacy service, if they needed one. Advocates can represent the views and wishes of people who are unable to express their wishes. We saw some people were supported by their families, while other people had used the advocacy service.

## Is the service responsive?

### Our findings

People we spoke with said they were happy with the care and support staff delivered. They described how staff supported people as they wished and responded to their preferences and changing needs. For instance, a parent told us, "I'm very happy with the placement, he's achieving things we never thought achievable. [Person using the service] would never go near a doctor in the last 3 years, but using a dog 'Scrappy', he's fallen in love with him. We got him to the doctors last week with Scrappy and his key worker. They have got on top of [family member], at his last placement something horrible happened, he had a breakdown; here they are brilliant I couldn't fault them. He's going to college, he goes to the farm on walks, it beggars belief. He's autistic and he finds relating difficult, but they are chipping away at that. He may be going swimming again hopefully."

We found people were involved in a wide choice of educational and social activities that were tailored to their preferences and needs. People had structured Individualised activity plans which told them and the staff what they planned to do each day. We also saw people were involved in household tasks such as cleaning their rooms, shopping and cooking, as well as having flexible time when they could choose what they wanted to do.

The home had an activities room where people could participate in activities such as arts and crafts, or use an exercise ball. One person told us "On Tuesday I do work experience in Doncaster. I do media, life skills and animal care. I like shopping. I Skype my parents. I go on holiday with my mum and my dad. I'm allowed to use the Internet, Facebook, emails, anything really that's been agreed on." We also saw people went to the cinema, theme parks, bowling and work experience. They also took part in dog walking and one person worked as a 'Tuck Shop' assistant, with another person working with computers.

We spoke with the head of the college at The Hesley Village where people living at the home attended educational workshops and social events. They described how one person who exhibited behaviour that could challenge others had been supported to attend workshops. They said that 18 months ago it would not have been possible for the person to attend the workshops, but now, supported by care workers, they had integrated into the classroom. We saw the person taking part in a woodwork class. They showed us a tea caddy they had made and interacted well with the group of people at the workshop. The head of the college explained how progress had been made over time. They said initially the person had sat in the covered part of the garden and gradually they had been encouraged into the classroom. We were also told they had a special bus which was designed for their needs and behaviours.

The company provide social events that people living in any of their services could participate in. For instance, people told us about attending the "Hes Fest" [The Hesley Festival], a festival held at The Hesley Village, where people from all the registered provider's homes met to socialise. We were told this had included live bands, a circus tent where people could take part in workshops and people had been involved in the preparation, such as the making of bunting and pompoms.

People were assessed prior to being admitted to the home to ensure their needs could be met. We saw

copies of assessments completed by the staff at the home, as well as social service assessments, these had been used to develop people's support plans.

Each person's care file contained detailed, person centred information which clearly highlighted the care and support they required, as well as their preferences and daily routines. People told us they had been fully involved in developing support plans and had the opportunity to discuss them regularly with the registered manager and care workers. One parent said, "I talk to the seniors and managers on a regular basis. We all work together. I feel fully involved." Another parent said, "I get regular updates and reviews every three months, but they are thinking about doing them every six to twelve months because of his improvements."

Support plans and risk assessments had been evaluated to assess if they were being effective in meeting people's needs, and changes had been made as and when required. However, not all support plans had been evaluated monthly, as expected by the registered provider. We spoke with the registered manager about this and he said now the senior staffing vacancies had been filled plans were in place to review all care files. The staff we spoke with confirmed these reviews were underway. We saw detailed records were maintained about how people had spent their day, what they had enjoyed doing, and any changes in the support they required or their wellbeing.

Each person had a key worker who had particular responsibility for working with them. One care worker said, "We attend reviews and pathway planning meetings, as well as MDTs [multidisciplinary meetings]." They said this enabled them to share information about the person with colleagues and other professionals involved in the person's care. They also told us they made sure paperwork in care files was up to date and they organised things like doctors' appointments. This helped to make sure each person was supported consistently.

In the staff handover room we saw a sheet for each person living at Wilsic College. Staff had identified what the person had been like when they started, where they were now and how they had got there. The registered manager said this had been done to help staff to assess what had worked, and lessons learned. For instance, one person refused to leave their room, would only sit on a particular seat and refused to go anywhere off site, but now they went off site, accessed all areas of the home and had flexible routines. Staff had charted how this had happening; they had listed having familiar staff, building trust, using dog therapy and following through on consistent messages had contributed to the progress made.

There was a compliments and complaints procedure which was available to people living and visiting the home, this was also available in an easy to read pictorial format. The registered manager told us they had received one complaint over the last year. The complaints log summarised the details of the concern, the actions taken and the outcome. A file was set up for each complaint where all relevant records, such as minutes of meetings and letters were stored. Information about concerns were also shared with the management team. We also saw four compliments about the care and support provided by staff had been logged.

People were regularly involved and consulted about how the home was run and asked about their satisfaction in the service provided. A parent told us, "I know how to make a complaint. I made a little one about his personal care; it was sorted out straight away."

## Is the service well-led?

### Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to people using the service and staff. He told us he kept up to date with good practice by attending local authority courses and groups; he said he had also booked to attend two Care Quality Commission conferences in London.

The people we spoke with told us they were very happy with the support provided and how the home was run. There was a friendly atmosphere present throughout our inspection. We saw staff had a good understanding of their roles and responsibilities and carried them out efficiently. At a staff handover we observed the team leader allocated work and ensured staff coming on duty was well apprised of anything that was happening that day, and any changes in people's wellbeing. Staff were encouraged to give their opinion and be involved in decision making. We also saw memos were used to share information with staff not on duty.

The registered manager was committed to continuous improvement, as well as positive and negative feedback from people. We saw he had reintroduced 'house meetings' to encourage people to be involved in decisions about how the home was run, and questionnaires had also been used to gather information. We noted the outcome of a recent family meeting was displayed in the home. It outlined what was good at the home, as well as comments about areas that could be improved. Staff told us this was an informal social evening with a buffet and music where people could write their comments on a flip chart, either anonymously or not. Relatives comments included, "Good teamwork" and "Very good experienced team [of staff]." Another person had commented, "Good management, always looking to move students [people living at the service] forward in their independence."

The Hesley Group completed an annual survey which was collated at head office and the outcomes shared with staff. However, the registered manager told us this was a joint survey with another of the registered provider's homes; therefore he was to ask for it to be separate in future, so there was a clearer picture of Wilsic College. We also saw the registered manager had completed an additional survey with parents in 2017. Action points had been identified, but there was no summary of the findings available to share with people using the service and visitors. The registered manager said he would make sure a summary was completed in future.

It was clear from talking with staff that the registered manager led by example, working at part of the team to provide a good quality service to people and monitor staff's performance. We saw staff had taken part in regular one to one meeting with their line manager, as well as an annual appraisal of their work performance. Staff said they worked well as a team and found the registered manager to be approachable. One care worker told us, "You can go to him, not just about work, he is also really flexible about child care etcetera." Another member of staff said, "Morale was low, but it's a lot better now. Communication etcetera has all improved." A third care worker commented, "[Registered manager] is fab, very fair, approachable and available. Even if he's busy he'll get back to you, he's there for you."



Staff's views were captured at staff meetings, one to one discussions, staff handovers and informally during the working day. We also saw the registered provider gained their views in an annual survey. Staff told us there was also a box in the staff room where they could put in ideas. When we asked them if there was anything they thought could be changed to make the home better, no one identified anything they would change within the home. However, they said they felt the 'school side' of the service people received could be more person centred, to fit in better with people's individual abilities. We shared this with the registered manager and the operations manager, who said they would consider the comments.

There was a system in place to make sure policies and procedures had been followed. This included monthly, quarterly and periodic checks by various members of the management team. Audits completed covered topics such as infection control, medication practices, staff supervision, health and safety and the general environment. This enabled the registered provider to monitor how the service was operating and staffs' performance. The registered manager told us he also carried out six night visits a year, so he could monitor how the home operated at night. We saw the last night time visit had been in July.

The registered manager described how the 'risk and governance review group', which consisted of registered managers within the group, the senior management team and practice leads, discussed topics such as serious incidents and clinical concerns. This was reflected in the minutes we saw from the meeting on 27 July 2017. This enabled senior staff to share information and the registered provider to monitor how each service was operating.

We also saw the registered provider's representative visited the service at least every three months to monitor how the service was operating. They had used a 'traffic light' system to identify what areas needed prioritising, timescales for completion and any progress made. We saw in most cases when areas needed improving these had been addressed within the allocated timescale. The registered manager explained that if the planned improvements were not addressed in the timescales identified, they would be re-evaluated and further action taken to address them. However, we noted there were no timescales on the action plans we looked at. The registered manager said the system was being reviewed to improve the document and he would feed this back to the management team.

The registered manager told us the service had been awarded a four star rating by the Environmental Health Officer in October 2016 for the systems and equipment in place in the kitchen areas throughout the site. The highest rating achievable is five stars.