

The Hesley Group Limited

Fullerton House College

Inspection report

off Tickhill Square
Stainton Street
Doncaster
South Yorkshire
DN12 4AR

Tel: 01709861663

Date of inspection visit:
19 November 2015

Date of publication:
12 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 19 November 2015 and it was unannounced. This means that on the first day the registered provider did not know we were going to carry out the inspection. At the time of our inspection, there were two people using the service.

Fullerton House College is a specialist residential college, offering education and care for up to 52 weeks per year, for young people aged 19 and above. The service provides support for young people with complex needs including behaviour that may challenge and a learning disability, often in association with autism. Each person had their own small house, with a garden.

There was a registered manager at the service at the time of the 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. Although the registered manager was relatively new in post, they had worked for the Hesley Group for 17 years and was familiar with the needs and preferences of the people who used the service.

We saw the staff were friendly and kind and people who used the service were relaxed in their company. They understood people's needs and treated them with respect. We saw that, in addition to attending college people participated in a range of activities, which were based on their interests, were meaningful and promoted their independence. This was within the service and, out in the community.

People who used the service indicated that they felt safe. People's plans included areas of risk and reflected the risks, and the changes in their lifestyles and needs as they have developed towards adulthood. People's medicines were well managed and records were accurately maintained.

People's files included assessments and plans of care and support, and were individualised. The staff we spoke with were very knowledgeable about the people who used the service, could clearly describe their history and preferences and were aware of how to support people.

We found the service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves.

The service had arrangements in place for recruiting staff safely and there were sufficient staff available to provide people with one to one staffing, to respond to people's individual needs and to keep people safe. Staff were provided with regular supervision and appraisal for development and support.

People had access to a range of health care services to help maintain their health. It was clear that people were supported to buy and cook things they liked, and people told us they enjoyed the meals.

People told us they could speak with staff if they had any complaints, or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure procedures to maintain safe practice were adhered to. Incidents were assessed and monitored to try to prevent and reduce potential recurrences or similar incidents.

People and their relatives were asked their opinion of the quality of the service and their feedback used to help improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe, and we saw that people's plans included risk assessments that reflected all relevant risks and changes in their lifestyles and needs.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Staff were aware of whistleblowing and safeguarding procedures.

People's medicines were well managed and records were accurately maintained.

Is the service effective?

Good ●

The service was effective.

People were supported to buy and cook things they liked and supported to eat a healthy diet.

People were supported to have access to relevant health care services to support their health care needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People and their relatives said staff were kind.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was personalised and responsive to their needs. Although their plans and records needed to be improved to reflect this.

Staff understood people's preferences and support needs. A range of activities were provided for people, both at college, and outside of college hours. The activities provided took into account people's personal interests.

The staff listened to people's experiences and responded well to any concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff told us they felt they had a good team. Staff said the registered manager was approachable and communication was good within the service.

There were quality assurance and audit processes in place and people's relatives were asked for their views about the care and support provided and their views were acted on.

Fullerton House 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was the first inspection of the service under the Health and Social Care Act. The inspection took place on 19 November 2015 and was unannounced. The inspection team consisted of 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 service.

Before our inspection, we reviewed all the information we held about the service including notifications the provider had sent us regarding significant incidents and the provider had 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.

At the inspection we used a number of different methods to help us understand the experiences of the people who used the service. We visited the two students in their accommodation and visited them while they were at college. One person had limited verbal communication and we observed the care and support they received in their accommodation to help us understand their experience. We also met other people who were making the transition from the school to the college.

We spoke with five members of staff including the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at the care and support records for the two people using the service, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at staff personnel files and training records and reviewed the quality assurance systems that were in place to check if they identified and addressed any areas for improvement.

Is the service safe?

Our findings

The people who used the service indicated that they were happy and felt safe.

The registered manager told us there were always enough staff available to keep people safe and respond to people's needs. The two people who used the service each had one to one staff support during both the daytime and at night. This included individual one to one support for each person from staff members who accompanied them during the time they were at college. The rotas were flexible and planned around people's activities and appointments.

The registered manager said there had been no need to use agency staff since the service started in 2013, as staff were flexible and willing to provide cover. The staff we spoke with confirmed that enough staff were provided to support people with their needs. We looked at the staffing rota for the two weeks prior to this visit, which showed that one to one staffing had been maintained, so people's support needs could be met.

We found the recruitment checks done before employing staff were thorough. Application forms had been completed, written references had been obtained and formal interviews carried out.

Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. A DBS check provides information about any criminal convictions an applicant may have. This helped to ensure people employed were of good character and had been assessed as suitable to work in the service. The providers were fully aware of their accountability if a member of staff was not performing appropriately.

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training for children and adults and that this was refreshed every six months. They told us they would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were very clear about their responsibilities in relation to keeping people safe.

They were aware of the local authority safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the senior care worker or the registered manager. They were confident that the managers in the service and the provider would listen to them, take them seriously, and take appropriate action to help keep people safe. Staff also had an understanding about the whistle blowing procedure. Whistleblowing is another way in which a worker can report concerns.

We saw that safeguarding concerns were addressed and fully investigated and the service had made appropriate safeguarding referrals to the local authority safeguarding team, when required. Safeguarding concerns were regularly monitored and audited by the registered manager and the senior management team or the provider. This meant risks to individuals and safeguarding concerns were managed and monitored to protect people.

Risks associated with personal care were well managed. We saw that the risk assessments on people's files were relevant to all of the risks in their everyday lives. Staff had reviewed the risk assessments regularly. For instance, the particular individual activities people liked to do, such as going out into the community had been risk assessed. Staff also told us that people were working towards living in a more independent and people's support plans and risk assessments reflected this.

Staff attended training in the Hesley Enhancing Lives Programme (HELP), a behaviour support approach based on Therapeutic Crisis Intervention (TCI), which is accredited by the British Institute of Learning Disabilities (BILD). Staff were trained in TCI, which is an approach to preventing and managing challenging behaviour that places emphasis on avoiding confrontation and the use of a range of techniques involving relationships and listening.

We saw that people's support plans included HELP (Hesley Enhancing Lives Profile) and there was clear guidance for staff on the techniques that should be used to restrain the person, with detail on how staff were to position themselves to the person, to make sure the person and staff were safe at all times.

We saw written reports of incidents, which showed they were monitored and reviewed, and this led to plans being put in place to reduce reoccurrences. The registered manager told us that since attending the college the frequency and severity of both people's behaviour had reduced significantly, and we saw that this was reflected in their records.

There were appropriate arrangements in place to make sure that people's medicines were safely managed. We saw that each person had their medicines in their flat and they were very securely stored. Temperatures were checked and recorded to make sure that medicines were stored at the required temperatures. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We found the records were clear and up to date.

The registered manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements.

People's support plans included medicines care plans, which detailed the medicine's name, dose and frequency required. There was clear guidance for staff about how people preferred to take their medicine. The MAR sheets included information about any allergies the person may have had. This helped to make sure that medicines were administered safely. We checked people's medication administration records (MAR) and saw that these were appropriately signed and completed.

Some people were prescribed medicines to be taken only 'when required'. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly. We saw protocols to assist staff when administering this type of medicine.

One person had an individualised guide in their kitchen, which told them who they should talk to about their medicines. The registered manager told us the person was very involved in discussion about their medicines, what they were for and how they liked to take them.

The registered manager conducted medication audits, to check that medicines were being administered appropriately. Staff checked the MAR charts at each shift change to identify any errors or omissions so that these were dealt with immediately.

We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements. We saw that one person had an evacuation plan, which was displayed on the wall of their kitchen, which would be used in the event of any emergency.

We looked around the service to see if it was clean and tidy. There were no obvious trip hazards and everywhere was very clean. We did not notice any unpleasant odours. We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available. Staff we spoke with were aware how important it was to ensure cleaning was carried out to a high standard. We saw there were cleaning rotas and records kept to show these tasks were completed.

Is the service effective?

Our findings

Staff had an awareness of the Mental Capacity Act 2005 and told us they had received training in this area. The records we saw confirmed this. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. The registered manager had made applications to the appropriate supervisory bodies. We looked at the care records for both people who were using the service and found appropriate measures had been taken to ensure people's care was given in the least restrictive way.

The staff we spoke with said the training they had received included their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests. Records we looked at confirmed staff were trained to a good standard. All members of the team had obtained nationally recognised care qualifications.

There was a stable team of support staff and the registered manager told us that most staff had worked with the people who used the service for a minimum of three years. All staff completed a full induction programme that, when completed was signed off by their line manager. The registered manager told us all staff had completed a range of training when they first started work in the service. This included working with people with autism, moving and handling, and infection control. We saw a training matrix was in place so that training updates could be delivered to maintain staffs' skills.

The staff we spoke with were knowledgeable about their responsibilities and role and they said they could talk to the registered manager at any time. We found that they had regular supervision and annual appraisals. Supervision is a two-way process, with the staff member and their manager, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

The service was expanding as more people joined the college. The registered manager told us that new staff

worked alongside more experienced staff until they were confident, and deemed to be competent. They added that new staff were inducted according to the Care Certificate framework. The Care Certificate is an identified set of standards for health and social care workers to adhere to in their daily working life. It is designed to give workers nationally, the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The staff we spoke with told us they received training in food hygiene. We saw that each person had their own menu, which they displayed in their kitchens. One person liked to write their menu themselves. Staff had a good knowledge of people's particular dietary needs and their preferences.

We saw that staff monitored what people actually ate, along with their weight. We looked at people's care records about their dietary needs and preferences. Each person's file included screening and monitoring records to prevent or manage the risk of malnutrition. Where people needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and guidance was being followed. We saw that staff supported people to have a healthy diet.

People shopped for their own food, and prepared their own meals, supported by staff, or if they did not cook for themselves, the support staff cooked for them. People told us they enjoyed the meals and it was clear that they bought and cooked things they liked.

People had healthcare plans and staff told us that people had regular health checks. We asked the registered manager and the staff about the support people received from healthcare services. They all told us there was good input from healthcare professionals. This was from within the Hesley Group staff team and from external professionals. We looked at people's records and found that people had received timely support when required. We saw records of input from clinical psychologists, community nurses, physiotherapists, speech therapists and dieticians. Staff supported people to gain access to the healthcare they required and to attend appointments. There were records of people attending hospital appointments and appointments with their GP.

We looked at people's health support plan and found that the goals and expected outcomes included areas such as, for people to remain well, to have access to primary care services, to maintain healthy teeth and good sight and have regular health screening. These plans were not very individualised for each person and did not include a date to show when they were implemented or if any review had taken place.

People had 'emergency hospital passport', which provided good detail for health care professionals, in the event the person went to hospital. It showed the person's personal details, what they liked and did not like, and their particular communication needs, to help hospital staff to know how communicate with them.

Is the service caring?

Our findings

Throughout the inspection we saw the staff were kind and people who used the service were relaxed in their company. People said they liked the staff and that they were caring. We also spoke with people's relatives who gave positive feedback about the caring nature of the registered manager and all of the support team. One relative said, "The service is absolutely fantastic. It works well because there's a small, consistent team and they communicate well. [My family member has come on so well, and grown in confidence. they work well with us a family as well."

People had a communication plan, which was set out how to communicate effectively with the person and in the way they liked. One person used a 'feelings file' to write down how they were feeling, to help them deal with their emotions. The registered manager told us that this had been successful, and the person was talking to staff about how they felt and dealing better with any anxiety they might feel, so no longer needed to rely on using the file as they had initially.

We saw that staff understood people's communication needs and treated them with respect. The interactions we saw were friendly and caring, and staff communicated well with people. They spoke clearly, gave people time to speak and included people in conversation.

The manager told us that one person used pictures, including images on their computer, to help communicate what they wanted and felt. We saw staff supporting the person and they were encouraging in their approach, and the person responded in a positive way.

Each person had a one page profile in their files, with their photograph and information about the person and their preferences including, 'what people like about me', 'things I don't like' and the ways staff were best to support the person. These included a good level of information about each person. They were recently reviewed to reflect the changes that were taking place, as each person developed towards adulthood.

We saw that people had assessments of their needs in relation to their cultural heritage, so staff were aware of people's diverse needs. Staff told us they had undertaken 'valuing people' training, which was about equality and diversity, as part of their induction.

There were photos of people who used the service and some of the holidays and activities they had been involved in. These were particularly nicely presented and displayed throughout their accommodation.

We saw that people knew the staff who were working with them well and they appeared to be very comfortable with them. The atmosphere was calm and the staff were welcoming. The staff worked with specific people and all the staff we spoke with knew people well.

All of the interactions we saw between people who used the service and staff were respectful and positive. Staff showed a good understanding of the needs, behaviours and communication strategies for the people they were supporting. They were positive about supporting people's privacy, while being open with us when

we spoke with them.

Is the service responsive?

Our findings

People indicated they were happy and throughout the inspection we saw that staff responded to people's requests promptly and showed a good understanding of people. We received positive feedback from people's relatives about the care and support provided by the team. One relative said, " [My family member] gets out into the community and works. This has helped them grown in confidence, and that in turn has helped with [my family member's] behaviour. It's excellent."

We saw that prior to people being admitted to the service, an individual needs assessment had been carried out and a transition plan put together to help them with the move from school to college. People and their relatives had been involved in their assessments, and had been able to give their opinion on how their care and support was provided. In addition, the staff members had a good understanding of people's needs, as they had worked with them prior to and during their transition.

At the time of the inspection two new students were undertaking the transition from the school to the college. We saw that one person was spending short periods of time at the college, and mixing with the other students, as part of their transition plan.

Care plans were developed detailing the care and support needed. The care plan format provided a framework for staff to develop care in a personalised way. The care plans had been tailored to people's individual needs. For instance, they were about the person, what they liked and didn't like, their lives, goals, achievements and individual interests. They included pictures of themselves and the people who were important to them.

One person told us that that they were fully involved with their care and support plans. People had support plans planning for the future, their health, self care, their diet, access to the community, and they summarised the person's needs. There was also information about the support people needed from staff. There was a focus on supporting people in achieving as much independence as possible. Staff we spoke with were very knowledgeable about the people who used the service, could clearly describe their history and preferences and were aware of how to support people in a positive way.

People's plans had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, plans had been updated and the information had been disseminated to staff, which ensured their individual needs were met.

The registered manager told us there was a plan to provide the students with other accommodation, within the same grounds. We visited the accommodation planned for this. People had started choosing the décor and furnishings for when they moved in and told us they were excited and looking forward to the move. The registered manager explained that people had lived in the current student accommodation for up to two years and social stories had been used successfully to help people plan, understand and manage this, and other changes in a their lives. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

We saw that people had activity plans, and undertook activities they liked and were interested in, when they were not attending college. People had very diverse interests and tastes. One person liked walking and swimming, while the other person said they had tried these and preferred more creative activities and shopping. Staff told us one person enjoyed cooking and did this very well. One person loved visiting theme parks to ride on roller coasters, while the other person had an evening job delivering papers, which they really enjoyed.

As there was an emphasis on helping people to be more independent, people were encouraged to be involved in the daily tasks and chores around the house. People each had a calendar on their kitchen wall. This included practical day to day tasks, as well as social activities. One person liked to fill this in themselves and we saw that they had made a note of when they had last cleaned their fridge as well as when they were next going to see their parents. The other records we saw also confirmed that people were supported to keep contact with members of their families, had regular visits and often went to stay at their family homes.

We visited people while they were at college and saw them involved in some of their college activities. The staff who supported them at home also accompanied them to college, to maintain their one to one support. One person attended a woodcraft session, which they clearly enjoyed. Other college sessions people attended included gardening, dance, fitness, craft, cookery and travel skills.

We found that a system was in place to respond to complaints. The registered manager told us that complaints were investigated as part of the company's complaints procedure. We saw an 'easy read' version of the complaints procedure was included in the 'Service User Guide' which had been provided to each person and their relatives. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns. This showed that people were provided with information to promote their rights and choices.

One person told us they could speak with staff if they had any concerns and they felt staff would listen. We saw the record of compliments and complaints and it was clear that complaints were taken seriously, and properly investigated. We also saw that people had access to an independent advocate, who visited regularly.

Is the service well-led?

Our findings

There was a registered manager, who was relatively new in post. They told us they had worked for the Hesley Group for 17 years and had been the team leader at the service before becoming the manager. They were very familiar with each person who used the service and very organised, open and committed in their approach.

During our visit we found the atmosphere to be relaxed, lively and friendly. We saw many positive interactions between the staff and people who used the service. The registered manager said people were supported by a very good team, who knew people well.

Staff we spoke with were positive about their work at the service. They said the registered manager was 'a team player', approachable and that communication was good within the service.

From our observations and discussion with staff we found that they were fully supportive of the registered manager's vision for the service. Staff described working as one team, and being committed to a person centred approach. They said they all worked together in supporting the people who used the service. One staff member said, "The manager always consults us as a team and works collaboratively." We saw records of staff meetings and the registered manager confirmed that meetings took place on a regular basis to share information and obtain feedback from staff.

Staff told us that the service was well organised and that the senior management team of the Hesley Group were approachable, supportive and involved in the daily running of the service.

The registered manager told us they worked well with the local community and had developed close links with healthcare professionals

We looked at a number of documents which confirmed the provider managed risks to people who used the service well. For example, we looked at accidents and incidents which were analysed by the registered manager. They had responsibility for ensuring action was taken to reduce the risk of accidents or incidents re-occurring.

People were asked for their views on a day to day basis, and were supported by advocates when appropriate. The registered manager told us the Hesley Group were developing a college council so that, "The students have a clear and active voice in helping to determine the support we provide."

There was evidence of regular and on-going dialogue with people's relatives, and that this feedback had influenced the way the service was run. The registered manager sought feedback about the service through surveys, meetings, such as reviews with relatives and other professional's. This was supported by informal feedback via day to day conversations and communication, such as telephone calls between people's relatives and the staff team.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans, the environmental standards and cleanliness of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the service. There were improvement and development plans that had been completed in relation to the service and we saw evidence to show that improvements identified were acted upon.

There were policies and procedures in place, which covered all aspects of the service. The policies and procedures held electronically had been updated and reviewed as necessary. For example, when legislation changed. This meant changes in current practices were reflected in the policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The manager was aware of their obligations for submitting notifications to CQC, in line with current legislation. Evidence gathered prior to the inspection confirmed that notifications had previously been submitted to CQC appropriately.