

# The Hesley Group Limited







## Wilsic Hall College

### Inspection report

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#### Ratings

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

#### Overall summary

This was the first inspection of the service under the Health and Social Care Act. The inspection took place on 13 and 14 July 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 three people using the service.

Wilsic Hall College is a specialist residential service, offering education and care for up to 52 weeks per year, for 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. The accommodation includes shared areas such as a kitchen, separate dining area, lounge, three bedrooms with en-suite facilities and a garden.

There was not 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

# Summary of findings

‘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.

There was a manager, who was new in post, and the first day of our inspection coincided with the manager’s first day in post. The new manager had worked for the Hesley Group for 16 years and had previously been the team leader at the service, so they were familiar with the people who used the service and their needs. They told us they intended to apply for registration with CQC.

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 people participated in a range of activities, which were based on people’s interests, were meaningful and promoted their independence, within the service, at college and out in the community.

Medicines records were accurately maintained. However, the temperature of the room where people’s medication was stored was too warm and we identified this as an area which needed improvement.

People who used the service indicated that they felt safe and they had had some training, specifically aimed at helping them to keep safe. People’s plans included areas of risk. However, people’s risk assessments did not reflect all of the relevant risks, or the changes in their lifestyles and needs as they have developed towards adulthood. We identified this as an area which needed improvement.

People’s files were set out in the same order and some of their assessments and plans were very similar. This also needed to be improved, although we found that these

issues did not impact on the care and support that people received in a significant way, as staff 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 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 professionals 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 by the manager to try to prevent and reduce potential re-occurrences or similar incidents.

People’s relatives had been asked their opinion of the quality of the service by the registered provider via surveys and the feedback used to help 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?

The service was not always safe.

Medicines records were accurately maintained. However, the temperature of the room where people's medication was stored was too warm.

People told us they felt safe, and we saw that people's plans included areas of risk. However, people's risk assessments did not reflect all relevant risks or the 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.

**Requires improvement**



### Is the service effective?

The service was effective.

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

People were supported to have access to relevant health care professionals 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.

**Good**



### Is the service caring?

The service was caring.

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

People said staff were nice and kind.

**Good**



### Is the service responsive?

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.

**Good**



# Summary of findings

The home routinely listened to people's experiences and responded well to any concerns or complaints made.

## Is the service well-led?

The service was well led.

The new manager and staff told us they felt they had a good team. Staff said the manager and other managers in the organisation were 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 these views were acted on.

The service had a full range of policies and procedures available to staff.

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 checked 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 inspection took place on 13 and 14 July 2015. This was an unannounced inspection which meant the staff and registered provider did not know we would be visiting. The inspection team included an adult social care inspector and a specialist advisor. The specialist advisor was a professional who had experience in supporting people with autism.

Before our inspection we reviewed the information we held about the service and the registered provider. For example, notifications of any incidents and occurrences. The people who used the service came from different areas of the UK and were funded from authorities in those areas. We contacted three health care professionals and organisations locally and nationally and this information was used to inform our judgements about the service.

Before our inspection we asked the provider to complete 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 planned to make. The PIR was returned as requested.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being provided. We spoke with two people using the service because one person was visiting their family home and was not present at the time of the inspection. The people we spoke with were able to share some of their experience of living at the service.

We spoke with five support staff including the manager, along with one college tutor.

We reviewed a range of records including the three people's care and support plans, people's medication administration records, and records relating to the management of the service, such as three staff files, quality assurance audits and minutes of meetings.

# Is the service safe?

## Our findings

The people who used the service we spoke with indicated that they felt safe. We saw that they had been provided with training specifically aimed at helping them to keep safe. For instance, one person told us they had had some training, and support from staff, so they knew how to keep safe when using social media sites on the computer.

The manager told us there were always enough staff available to keep people safe and respond to people's needs. Each person who used the service had individual support from a staff member during the day, including the time they were at college. There were three members of support staff on each shift and the manager was not rota'd to provide individual support to people and was supernumerary to the staff numbers.

The manager told us each person had one to one staff support during the daytime and one member of staff worked a waking night shift each night. The rotas were flexible and planned around the activities and appointments of the people who used the service. For instance, staff were rota'd to work until 10.45, to enable people to go out in the evenings, if they wanted to.

The manager said, "We don't use agency staff. There's no need. All staff are flexible and willing to cover, and to respond to any changes needed in the rota. 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 staffing was maintained, so people's support needs could be met.

Staff told us they had been provided with safeguarding training, so they had an understanding of their responsibilities to protect people from harm. They described the different types of abuse, were clear of the actions they should take if they suspected abuse or if an allegation was made and were aware of the procedures to be followed to uphold people's safety. They told us that a policy on safeguarding people was available, so they had access to information to take appropriate action if concerns about a person's safety had been identified.

Staff knew there was a whistle blowing procedure. Whistleblowing is one way in which a worker can report concerns. This meant staff were aware of how to report any unsafe practice. The staff we spoke with said they would

report any concerns to the most senior person on duty and they felt confident that the manager and the provider would listen to them, take them seriously, and take appropriate action to help keep people safe. We saw information on how to keep people safe and to report any concerns were displayed in a strategic position in the home.

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 manager and registered provider. This meant risks to individuals and safeguarding concerns were managed and monitored to protect people.

We were told that 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 of challenging behaviour for people. They detailed the time, location, the staff involved and any restraint used. The forms also encouraged thought about what might have caused the incident. They showed that incidents were monitored and reviewed, which led to plans to reduce reoccurrences. The manager told us the frequency and severity of one person's behaviour had reduced, and this was reflected in their records.

The manager told us staff had been working actively with one person, around managing their anger and we saw that there were reminders displayed about what the person should try to do if they started to feel angry or upset. The manager told us they had seen some success with this approach, and the person was more likely to tell staff how they were feeling.

## Is the service safe?

We saw that the risk assessments on people's files were in a generic format and were relevant to people's general everyday life. However, some were not related to people's support plans and lacked detail. Staff had reviewed the risk assessments regularly. They had usually written, 'All plans remain relevant', and this did not reflect any changes in people's interests or needs. For instance, some of the individual activities people liked to do, such as swimming, travelling on the train, and bike riding had not been risk assessed. Staff also told us that people were working towards living in a more independent environment and each was becoming more independent with a range of household tasks. However, people's support plans and risk assessments did not properly reflect this.

We saw that one person also had a mental capacity assessments in relation to staff holding them if they behaved in a way that put themselves or others at risk, when unsettled or anxious. This was last reviewed in May 2014, so was overdue for review. We identified these as areas which required improvement.

We saw a process was in place to make sure safe recruitment checks were carried out before a person started to work in the service. We looked at three staff files to check how staff had been recruited. Each included a written application detailing their employment history, the notes made by members of the interview panel, contact with previous employers to request evidence of satisfactory conduct in their employment, confirmation of the applicant's identity and a Disclosure and Barring Service (DBS) checks. 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. This information helps employers make safer recruitment decisions. The staff we spoke with confirmed they had provided references, attended interview and had a DBS check completed prior to being employed.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training

records showed staff who administered medicines had been given training to make sure they knew the safe procedures to follow. Record were kept of medicines received and of the return of unused medicines to the pharmacist.

People's support plans included medicines care plans, which detailed the medicine's name, dose and frequency required. We checked three people's medication administration records (MAR) which were well maintained, and had been signed by the administering member of staff when the medicine had been given.

We found medicines were securely stored and regular audit checks were completed regarding their safe storage and accurate record keeping. However, the room where medicines were kept was very warm. The manager's audits checks had identified the issue and action taken to address it and the manager was using fans to try to keep the temperature with the acceptable range. However, an air conditioning unit which had been purchased was not yet in operation. We looked at the daily room temperature records and over the previous several days the temperature had had been above the manufacturer's safe storage temperature range. Medicines stored outside of the manufactures temperature range may not be safe to use. The manager told us there were plans to redesign parts of the house and relocate where the medication was stored, to provide better facilities, but that this had not yet been included in the development plan for the service.

We identified this as an area that required improvement.

We found the service to be clean and there were policies and procedures were in place for infection control. Training records we saw showed that staff were provided with training in infection control. We saw that infection control audits were undertaken, which showed that any issues were identified and acted upon. This showed that procedures were followed to control infection.



# Is the service effective?

## Our findings

We asked the manager and the staff about the support people received from healthcare services. They all told us there was good input from healthcare professionals. Staff supported people to gain access to the healthcare they required and to attend appointments. We looked at people's records and found that people had received timely support when required. For example, we saw involvement from community nurses, a physiotherapist, speech therapists and a dietician. There were records of people attending hospital appointments and appointments with their GP. People had healthcare plans and staff told us that people had regular health checks. The information about health care input and appointments they had was in the narrative of people's records. However, we discuss how this could have been clearer, to help keep track of when people were due check ups. The manager took action to improve this at the time of the inspection.

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.

We saw one person's 'emergency hospital passport' and this provided good detail for health care professionals, should the person go to hospital. It showed all the person's personal details, and what they liked and did not like, and how to talk to and communicate with the person. This was last reviewed in January 2015. Each section of the passport was in a separate plastic wallet, and the manager agreed it would have been better in a separate folder, should staff have to grab it quickly.

Staff supported people to have a healthy diet. We saw that staff monitored what people actually ate, and monitored people's weights. 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.

People shopped for their own food, and prepared their own meals, supported by staff, or if they were unable to cook 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.

We saw that each person had their own, individual menu. The staff we spoke with were aware of people's particular dietary needs and preferences. They told us they discussed what food people liked with them and made sure people got enough to drink. The manager told us that one person did not usually express their preferences in conventional ways, so staff observed what the person preferred and built up a picture of their preferences. They said that the person's family also provided information about the person's preferences and this information was used to help their key worker put their menu together, and to help staff to support the person appropriately. We discussed how this could be better reflected in the person's plans.

We were told that one person had been reluctant to try different foods, and as a consequence had previously had a very restricted diet for several years. The person had input from dietetic staff and had cooking sessions with their college tutor, both at college and at home. The staff told us the person's tolerance had increased and they were now involved in cooking and eating foods that they would not have tried before.

There was a team of ten support staff and the manager told us that most staff had worked with the people who used the service for a minimum of three years and had achieved recognised vocational qualifications, at level 2 and above. Staff were enthusiastic about the training available. They told us they were provided with a range of training that included moving and handling, Therapeutic Crisis Intervention, infection control, safeguarding, food hygiene, and autism. The manager told us they were personally due to undertake training in the new Care Certificate induction process. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills.

One staff member we spoke with was relatively new and they told us the staff who had been part of the team were very welcoming to new comers. They said they had a very good induction, had plenty of one to ones with their manager, who was helpful. They said that the established staff were supportive and informative, happily sharing their knowledge with new members of the team.



## Is the service effective?

The staff we spoke with were knowledgeable about their responsibilities and role and they said they could talk to the 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.

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) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff we spoke with told us they encouraged people to make choices when their communication was limited and we saw that people's plans included a good level of information about the kinds of support they needed to help them make and communicate day to day decisions.

There was some information in people's records about the arrangements in place regarding their finances and the manager told us that two people had members of their family who were their appointees. However, this information was not presented as clearly as it could be and we discussed how this could be better reflected in people's plans.

We found that there were individual restrictions in place for some people. For instance, some people needed to be accompanied by staff when they went out, as they were not aware of the risks involved. We reviewed the risk assessments, care plans and records for people regarding these interventions. There was evidence that the approaches taken had been decided to be in the person's best interests.

Best interest discussions had taken place about one person's computer. A psychologist and their parent had been involved. The person also agreed that there should be certain times when they had access to their computer equipment, and the rest of the time, it was kept in the office. We spoke with the person and they said they had agreed to this, and added that they thought it was a good idea.

People had a number of mental capacity assessments on their files, and there was evidence that best interests decisions had been made regarding specific areas, such as their medication and managing their finances. We saw that people's right to refuse treatment was taken seriously and different approaches had been taken to helping them understand the implications of their decisions. For instance, one person had been reluctant to have a particular test by their GP and their records showed that the option to have the test was to be put to them again, at their next clinic visit, giving them time to talk and think more about their decision.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The manager had a clear understanding of the MCA 2005 and DoLS. Staff confirmed that they had been provided with training. They were aware that the legislation was designed to ensure that any decisions were made in people's best interests, and that where any restrictions or restraints were necessary, that least restrictive measures should be used.

The MCA Deprivation of Liberty Safeguards (DoLS) require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The manager was aware of recent changes in DoLS legislation. The manager informed us that where needed all DoLS had been referred to the local authority and we saw letters of decisions on people's files.

# 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 the staff were caring and that they liked the staff. We also had feedback from one social work professional, who had involvement with one person who used the service was that staff appeared to have a really good understand of the person's needs, as they had cared for them for a long time.

We saw that staff understood people's needs and treated them with respect. The interactions we saw were good natured, friendly and caring, and staff communicated well with people. They spoke clearly, gave people time to speak and included people in conversation. Staff were mindful of people's choices. For instance, staff asked what people wanted to watch on the television. One staff member told us, "Everyone is different and it's all about people's choices."

People had a communication plan, which was set out in two sections, one for the person and one for staff, showing staff how to communicate effectively with the person and in the way they liked. We looked at one person's plan in detail and saw that it included that the person had the right to say "No" along with guidance for staff on how they should respond to this. One staff member said, "We are here to facilitate."

The manager told us that one person had previously relied almost wholly on gestures to communicate. A speech and language therapist had been involved and staff had been actively encouraging the person to say what they wanted, and this was going well. We saw staff supporting the person and they were gentle and 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 last reviewed in August 2014 and the manager told us people's profiles were due to be reviewed, to better reflect the changes that were taking place, as each person developed towards adulthood.

There were photos of people who used the service and some of the holidays and activities they had been involved in and these were particularly nicely presented and displayed throughout the house. One person spoke to us about holidays they had been on and enjoyed and spoke of staff with much fondness.

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.

We observed a number of people, people to staff interactions and staff to staff interactions during the course of the day. All of the interactions we saw 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, but open with us when we spoke with them. One person was very relaxed and friendly in the way they interacted with particular staff, and they were joking and teasing each other in a gentle way.

# Is the service responsive?

## Our findings

People indicated that 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 saw that people's activity plans were being updated. One staff member told us they were setting up the format, so that each key worker could fill in the details of people's activities. We asked how staff knew what people liked or how they would know if people wanted to try something new. The staff member told us that people's key workers knew people well and discussed new ideas with people, and they sometimes used the computer to help people explore different options.

There was an emphasis on helping people to prepare to move into living in a more independent environment after college and people were encouraged to be involved in the daily tasks and chores around the house. They had a schedule on the wall to say who was responsible for what and when, and the manager told us that people were very good at remembering and doing their allotted tasks.

We saw that staff supported people with activities, based on each person's individual interests. One person showed us their computer, which they told us was 'top of the range'. People's activity schedules included swimming, bike riding, the gym, shopping and various other social and leisure activities.

One person really liked to relax in the bath. One person still loved to attend the school parties, with people they had gone to school with, and staff had been creative in supporting them to be involved, but in a more adult role. Some people liked to go a local nightclub and cocktails.

We saw evidence that people were supported to keep contact with members of their families, and people regularly 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. They had made a large puppet of the 'Gruffalo'. They explained proudly that they were preparing

to put on a show, and were involved in making the props and acting in the show. Other college sessions people attended included gardening, dance, fitness, craft, cookery, travel, and home skills

Staff and people who used the service told us that that people were fully involved with their plans. The manager told us staff went through people's plans them with them. People had support plans around personal hygiene, managing environment, individuality, identity and planning for the future. The goals were for people to achieve maximum independence, identify goals and aspirations. However, there was little written evidence that these plans had been reviewed with each person, or if they had made progress with achieving their goals

One person had a care plan that included sections on the person's health, self care, their diet and access to the community and summarised the person's needs. For instance, in one person's health section, their summary of needs covered areas such as their medication, and dental and optical health. The self care section included information about the person's skills and needs around dressing, bathing and shaving. There was also information about the staff support needed, However, we did not see any evaluation or review for this plan to show progress for the person since October 2013.

People's files were were set out in the same order with the same generic risk assessments, and some of their assessments and plans were very similar. We identified this as an area which needed improvement, as we found that these issues did not impact on the care and support that people received in any significant way. Staff 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.

One person had a very positive relationship with their key worker, and when they had transitioned from school to college, their key worker had come with them, so they were able to keep the same key worker for 10 years.

The manager told us it had been identified as part of their quality monitoring that people's plans were not reflective of the way people had developed, or always presented in a way that took people's individual communication needs

## Is the service responsive?

into account. They told us they had started a process of reflecting on the support to each person, and explained that all assessments, plan and records were due to be reviewed, updated and improved.

We found that a system was in place to respond to complaints. The 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 complaints, worries or concerns and they would be listened to. We saw the record of compliments and complaints and it was clear that they were taken seriously, and properly investigated. We also noted that, on balance, the service had received more compliments than complaints.

# Is the service well-led?

## Our findings

There was a manager, who was new in post, and the first day of our inspection coincided with the manager's first day in post. The new manager told us they had worked for the Hesley Group for 16 years and had been the team leader at the service before applying for the manager post. They told us they intended to apply for registration with CQC as a matter of priority.

We found the manager to be familiar with each person who used the service and very open and committed in their approach.

We received positive feedbacks about the service from other professionals and 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 manager said people were supported by a good team who knew people well.

Staff we spoke with were positive about their work at the service. Their comments included, "The new manager has always been a member of the team here and has always been supportive and positive." And "This is a really good team and everyone benefits from that." Staff said other managers in the organisation were also approachable and communication was good within the service.

We found that there was a quality assurance and governance framework in place. Audits were undertaken as part of the quality assurance process. Various audits and monitoring reports were completed. These included the checks on medicines, which had identified the issue that were also identified at this inspection.

All incidents and accidents were recorded and monitored by the manager and the registered provider to try to prevent and reduce potential re-occurrences of similar incidents. There were existing improvement and development plans that had been completed in relation to the service, one which covered all aspects of the independent specialist collages run by the provider, and others about staff learning, and estates.

The manager shared the feedback from a very recent quality audit undertaken by a member of the Hesley Group's quality team. This audit had identified very similar issues as this inspection, in that there was room for

improvement in the way that people's records and reviews reflected their development and changing support needs. Despite it being their first day as manager, it was evident that they had already started planning the improvements they wanted to introduce in this area. However, there was significant work needed to address the issues identified.

People were asked for their views on a day to day basis and 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. However, there had been no, more formal method used to give people and their relatives the opportunity to be involved in how the service was run, such as service user and relative's meetings.

The manager had started on introducing more ways for people to be asked for their views. For instance, they were redesigning the surveys, so they were suited to the individual needs of people who used the service and questionnaires were due to be sent out to other stakeholders, including people's relatives. We identified this as an area which needed improvement, as more work was needed to make sure feedback was gathered from all stakeholders and used to improve the service.

We saw records of staff meetings and staff confirmed that meetings took place on a regular basis to share information and obtain feedback from staff. The manager said the meetings were once a month and they were trying to improve attendance, by reorganising the times they were held, to give staff more opportunity to attend. We saw the minutes of recent meetings and these included discussion about people's needs and welfare.

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 in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that notifications had previously been submitted to CQC appropriately.