

## The Hesley Group Limited

# Low Laithes

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Low Laithes is a residential care home providing accommodation and personal care for up to 35 young people with learning disabilities or autistic spectrum disorder. The accommodation comprises of self-contained maisonettes, which include a kitchen/dining area, living area and a bedroom with en-suite facilities. The location also has communal areas and a number of activity areas and gardens on site.

### People's experience of using this service and what we found

The service continued to provide a good standard of care and the leadership team demonstrated a commitment to continuously improving the service. The registered manager was supportive, responsive and promoted a culture of person-centred care at the service. The registered provider had an effective system of governance in place to monitor and improve the quality and safety of the service.

People's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. People were supported to receive their medicines when they needed them and records showed people had regular access to healthcare professionals to make sure their health care needs were met. People's nutritional needs were met and the menus we saw offered variety and choice.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff received appropriate training which was relevant to their role and people's needs. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been reported to the local authority as per the reporting procedure.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- The setting at Low Laithes was based in a rural location rather than being community based. People were still able to access community and nearby shops. The location benefited people being able to access the countryside for walks and bike rides.

#### Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People were supported in the least restrictive way and education and learning was promoted.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services were leading confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 9 January 2018).

#### Why we inspected

We received information of concern in relation to two other services run by this provider. These included concerns to people's safety, staff culture and governance. A decision was made for us to inspect and examine those risks at all of the provider's ASC locations, to see if these concerns were repeated. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Low Laithes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of three inspectors 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.

#### Service and service type

Low Laithes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 11 relatives about their experience of the service. We spoke with 10 members of staff including the registered manager, deputy manager, care managers, support workers, kitchen staff, domestics and the administrator. We carried out observations as a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, supervision and quality assurance records. We contacted 21 commissioners of Low Laithes and received feedback from eight professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and responded positively when they were approached by staff. This showed that people felt safe and secure in their surroundings and with the staff who supported them.
- Most relatives said they felt the service was safe. Comments included; "[Name] have got the proper support they require, everything to protect them" and "The staff have all built a fantastic relationship with him and keep him as safe as they can. On the whole his support staff are wonderful; you couldn't wish for better people than his core team."
- Staff had received safeguarding training and understood their responsibilities for protecting people from abuse. They described how they would identify potential abuse and the actions they would take to keep people safe. They were all confident they could report any concerns to the management team and appropriate actions would be taken. This included raising alerts with the local safeguarding team and with CQC.
- Staff told us how they recognised if people were distressed or unhappy. For example, a change in a person's body language. This was particularly important as some people were unable to verbally communicate their views and thoughts.

Assessing risk, safety monitoring and management

- With the exception of one support plan, people's care plans and risk assessments contained clear information about the control measures for staff to follow to keep them safe. We asked the registered manager to update one person's bathing support plan, as we felt it did not include details about all risks relevant to the individual. We were satisfied this concern had not impacted on the person in any way, and the registered manager updated the support plan immediately after the inspection.
- Staff understood how to support people to reduce the risk of avoidable harm.
- Risks associated with the environment and equipment were identified, assessed and managed to ensure that people remained safe.
- The premises were safely maintained, and checks were regularly completed to promote people's safety. People had Personal Emergency Evacuation Plans (PEEP) in place, which gave staff straightforward guidance on how to move people safely in the event of an evacuation.

Staffing and recruitment

- Recruitment checks continued to be undertaken to ensure staff were suitable to work with the people they were supporting.
- There were enough staff on the day of inspection to support people's care needs in a timely manner. Staffing levels were assessed on an individual basis, and we saw many people living at the service received

one to one support.

- People received good continuity of care. Each person was allocated a core staff team, so the same group of staff provided a person's support. Staffing was organised so people were predominantly supported by their core team; unless for example, a staff member called in sick and the service needed to organise cover at short notice.
- The service tried to match people to the right staff members. This was done through the induction process and all staff completed a one page profile based on their preference and interests, this was then matched to people's core support teams.
- Staffing rotas were well managed and we saw on the day of inspection rotas accurately reflected staff who were on duty.

#### Using medicines safely

- Medicines systems were organised and people received their medicines when they should. The service followed safe protocols for the receipt, storage, administration and disposal of medicines.
- We found one occurrence where a paraffin based topical cream was not stored safely. We were assured this concern was immediately addressed by the registered manager and it was not repeated elsewhere in the service.
- Senior staff undertook regular audits and action was taken when errors or omissions were identified.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The service used a comprehensive electronic incident reporting system, which gathered data from incident records and generated trend analysis reports. For example, a report was able to show if an individual had had an increase or decrease in restrictive interventions over a certain period. We saw this data was used to good effect by the management team, and regular reviews were undertaken to identify and respond to potential emergent concerns.
- The service held 'debrief meetings' every other day or immediately after a serious incident had occurred. Debrief meetings were chaired by managers and allowed staff to discuss incidents, such as when restrictive interventions were applied as part of an individual's support plan. These sessions encouraged staff to reflect on their practice and placed a continued focus on reducing restrictive interventions and supporting people in the safest possible way.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive and detailed assessments of need had been completed. Due to the nature of the service provided by Low Laithes, a range of professionals were usually involved in people's care and support planning. For example, for people with behaviour that may challenge others, a behaviour specialist or psychologist ordinarily would complete a functional assessment to help inform decisions about interventions. This would then lead to a detailed behaviour support plan being implemented, which would identify proactive strategies designed to improve a person's quality of life and remove the conditions likely to promote behaviour that challenges.
- Care planning was undertaken in line with best practice guidance and research.

Staff support: induction, training, skills and experience

- Staff received ongoing training which was tailored to the needs of the people who used the service. For example, staff were trained to deliver care for people with autism. Core staff teams where appropriate, received person-specific training so they knew exactly how to effectively apply their training to the individual they were supporting. We saw lots of positive examples where staff applied their training to good effect.
- Staff were supported by the management team through regular one to one discussions with their line manager and had access to confidential counselling services should they require it.
- The registered manager told us the COVID-19 pandemic had impacted on the frequency of annual appraisals, but assured CQC these were now planned. Despite some slippage with annual appraisals, staff were very complimentary about the support they received from managers.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- Plans for eating and drinking were developed collaboratively with health professionals, people and their representatives. The kitchen team had systems in place to ensure people's eating and drinking preferences were known and respected.
- The service supported people to eat, drink and maintain a balanced diet.

Adapting service, design, decoration to meet people's needs

- Each person had their own self-contained apartment, which was fully accessible with a range of adaptations and equipment to meet their needs. Apartments were also adapted to meet people's personal,

physical and sensory needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People benefitted from the service's on-site professionals and a multidisciplinary approach to care reviews.
- People were supported to access a range of health and social care professionals externally and on-site. Care records were updated to reflect this.
- Staff were made aware of any changes to people's needs through regular handovers, debriefs and multi-disciplinary meetings involving care managers, representatives and relevant professionals.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- Where unplanned restrictive interventions were necessary for people's safety, the principles of the MCA had been applied, to ensure staff and the service were supporting people in the least restrictive way.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Through good integration of technology the provider and management team had good oversight of the service and were able to monitor people's care in real-time. This enabled the service to respond quickly to potential safety concerns.
- The registered manager and wider leadership team had a good understanding of their roles in ensuring good governance and compliance with legislation. Systems and processes for audit, quality assurance and questioning of practice were effective. Organisational learning from audits or incidents were shared with all the provider's care services.
- The provider had policies and procedures in place which covered all aspects of the service.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people, staff and relevant persons was sought through a variety of mechanisms. Relatives mostly gave positive feedback about the service and leadership.
- Staff and management meetings were held, providing opportunity for information sharing as well as enabling staff to share their views and ideas.
- The registered manager promoted a person-centred and open culture across the service. Most relatives praised the new registered manager and comments included, "I can't speak highly enough of the manager" and "the [new registered manager] called when they started to introduce themselves, which is good. Now I go straight to them and they get back to me quickly."

Continuous learning and improving care; Working in partnership with others

- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes. For example, Low Laithes' membership and accreditation with the National Autistic Society (NAS) demonstrated their ongoing commitment to meeting the high standards set by NAS and improving the quality of service provision for autistic people.
- The provider cascaded important learning to all their services through regular senior manager meetings.
- The provider employed a dedicated quality assurance team, which were external to Low Laithes. They

audited Low Laithes regularly. Where potential shortfalls had been identified, they supported managers to improve the service.