

The Hesley Group Limited

Low Laithes

Inspection report

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15 November 2017

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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 of Low Laithes took place on 13 and 15 November 2017. The service was previously inspected in June 2015.

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.

Low Laithes is registered to provide accommodation for up to a maximum of 35 children or younger adults with learning disabilities or autistic spectrum disorder, who require personal care. The home does not provide nursing care.

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.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Staff understood how to keep people safe through their knowledge of safeguarding procedures and people's individual risk assessments. Medicines were managed and stored safely. Effective monitoring systems helped to keep the premises safe and emergency procedures were in place. We observed sufficient numbers of staff were deployed in order to provide safe care and support to people.

Staff received appropriate induction and training to enable effective care and support to be provided. Ongoing supervision was evident. People were supported to have maximum choice and control of their lives and we observed staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

Positive relationships between staff and people who lived at Low Laithes were evident. Staff were respectful and mindful of ensuring people's privacy was respected. Diversity was embraced and human rights were upheld.

Care plans were person-centred and this enabled personalised care and support to be provided. Appropriate referrals were made to health care professionals when this was appropriate.

Systems and processes for improving the safety and quality of the service were in place and were effective. People and staff told us they felt the home was well-led. Staff were clear of their responsibilities.

Further information is in the detailed findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Low Laithes

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

The inspection took place on 13 and 15 November 2017 and was unannounced. The inspection was carried out by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the expert by experience had experience of supporting people who have a learning disability, people who have a dual diagnosis of learning disability and mental health, and people with autism.

Before the inspection we reviewed the information we held about the home and we gathered information from stakeholders, including the local authority. We reviewed the Provider Information Return. 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.

We used a number of different methods to help us understand the experiences of people who lived at Low Laithes, including observations and speaking with people. We communicated with nine people who lived at the home and spoke with the registered manager, deputy manager, vocational programme coordinator, trainee behaviour therapist, clinical psychologist, practice lead, care manager, hotel services manager, rota manager, a speech and language therapist and five support workers. Following our inspection we spoke with four relatives of people who lived at the home.

We reviewed six people's care records, six staff files and training data, as well as records relating to the management of the service. We looked around the building, including in people's bedrooms, bathrooms and other communal areas.

Is the service safe?

Our findings

People told us they felt safe living at Low Laithes, and the relatives we spoke with felt their family members were safe. Comments from people included, "I like it here and I'm safe," and, "I am happy here, I like the staff and where I live." Another person nodded to indicate they felt safe. A relative told us, "I do indeed feel my [family member] is safe. I've no concerns whatsoever." Another relative said, "We've had minor concerns over staff turnover a while ago but it seems to have improved more recently."

Staff understood safeguarding reporting procedures and demonstrated a good understanding of actions to taken if they felt people were at risk of abuse or harm. The registered manager had made appropriate referrals when there were safeguarding concerns. Systems were in place to learn lessons from accidents or incidents.

Risks to people were assessed and recorded and these were relevant and specific to each individual. Measures were in place to reduce risks, whilst encouraging people to maintain their independence. We observed staff taking actions to reduce risks to people, as outlined in people's care plans.

Some people living at Low Laithes experienced behaviours which may challenge others. Appropriate plans and measures were in place to manage this positively. We observed staff supporting people in line with their care plans to good effect. This helped to keep people safe. Radios were available for staff to use, in order for emergency assistance to be called if required. However, one member of staff told us no-one came when they used their radio on one occasion. We saw from minutes of meetings that access to radios was discussed and staff were reminded to use and return radios to ensure safety of people and staff.

Regular safety checks took place throughout the home to help ensure the premises and equipment were safe. Plans were in place to help ensure the building could be evacuated in an emergency.

We observed sufficient numbers of staff were deployed to support people safely. We looked at six staff files and found safe recruitment practices had been followed.

Medicines were managed and stored safely. Records showed staff had received appropriate medicines training to manage medicines appropriately.

Is the service effective?

Our findings

Most relatives we spoke with felt their family members' needs were met by staff who were knowledgeable. One relative said, "I think the newer staff coming in are better trained and know my [family member]'s needs much better." Another relative, however, felt not all staff understood their family member's needs and felt their family member needed more consistency. A relative said, "There's always been a question over the turnover of staff but they have listened to us."

The registered provider had recently employed a rota manager, who had been in post for four months. Their role was to support managers in the day to day deployment of staff, improve staff retention and consider effective ways of staff recruitment. This showed the registered provider was taking steps to improve consistency of staff.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made for those people who lacked capacity to consent to care and treatment and who were being deprived of their liberty. The principles of the MCA were followed.

The registered manager and practice lead were able to explain to us in detail how they kept up to date with national guidelines and we saw people's care plans were underpinned by best practice. The registered provider used recognised models of support, such as an Active Support Model, which is a person-centred approach to providing direct support to help people be engaged in a range of life activities and opportunities, which encourage independence. These linked in with acquiring qualifications based around the development of personal, social and employability skills.

People received support in order to meet their nutrition and hydration needs. People and relatives made positive comments about the food at Low Laithes.

Staff received an appropriate induction, in line with the Care Certificate, and ongoing training and support. The Care Certificate aims to ensure health or social care workers have the skills, knowledge and behaviours they require to provide compassionate and high quality care and support.

A person living at Low Laithes was a designated champion at a specific communication method and these skills were shared with other people and staff. This helped people and staff to communicate effectively with each other. The design and adaptations within Low Laithes were effective and some people used specialised equipment to help keep them safe.

There was a multi-disciplinary staff team at Low Laithes which meant people had access to a range of professionals to meet their physical and mental health needs. Referrals were made to other health care

professionals such as GPs, dieticians and community nurses when appropriate. Staff and teams worked together to deliver effective care. This showed people received support to meet their holistic health needs.

Is the service caring?

Our findings

People and relatives told us staff were caring. One person said, "I like the staff, they're nice to me. I enjoy making things in art." A relative told us, "Low Laithes support my [family member] to be independent. [They've] made lots of progress." Another relative said, "The staff are tremendously kind and caring. They listen and understand."

The staff we spoke with enjoyed working at Low Laithes and they were motivated to provide good quality care and support. One support worker told us, "I love the feeling I'm making a difference. I love the feedback from people."

We observed appropriate manner and touch from staff, in order to keep people safe and to provide a supportive environment. Staff often reassured people and helped to put people at ease. People were seen approaching staff in ways which showed they felt comfortable in their presence.

The registered provider had a system in place whereby new staff would complete a 'one page profile' and this was used to try and match staff to people. This meant systems were in place to help ensure people were supported by compatible staff, as far as possible.

Equality and diversity were embraced at the home. People's individual needs such as those relating to sexuality, culture or religion were met. Different religious festivals were celebrated at the home. We saw, where it was not appropriate for one person to celebrate a particular festival, alternative provision was in place. This showed people's diverse needs were met.

People's privacy and dignity were respected. Care plans recorded the importance of 'private time' for people and staff were aware of this need. We observed staff sat outside one person's flat whilst the person was eating because the person preferred this. This showed the person's wishes, in terms of their privacy, were respected. Throughout our inspection we observed there was a mutual respect between staff and people who lived at Low Laithes.

People, and their relatives where appropriate, had been involved in developing and reviewing care plans. We saw examples of specific communication aids and techniques being used which helped to engage people.

People had access to advocates if this was necessary. Staff induction included a session on advocacy, so staff also understood how to access this and when this was appropriate. An advocate is a person who is able to speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Is the service responsive?

Our findings

The registered provider was responsive to people's needs. One person told us, "I love trampolining. I also like to go to bingo and to swim." This person had medals on display of their achievements. A relative told us, "[Name] likes that [they] can get out and go for walks when [they] want to. The home strive to let [name] do their own thing."

We looked at six people's care records. We found these contained sufficient information to enable staff to provide effective care and support to people; care plans were reviewed regularly by a multi-disciplinary team, including clinical staff, where appropriate. Care plans included information relating to the person's family history, social life, preferred activities, and included detail such as, 'What makes me happy,' 'What makes me sad,' and, 'Things people like about me.'

Specific information was included in care plans, which helped care and support staff to provide personalised support to people, for example, in relation to people's communication needs. Care plans were person-centred and written in a respectful and professional manner.

Technology was used to provide appropriate support to people. One person was assisted to keep in contact with their family by using a particular technology application. Technology was also used to help keep people safe, such as sensors to alert staff to movement. This meant the registered provider made use of technology to improve the safety and quality of service.

People living at Low Laithes participated in a wide range of activities, both on and off site. People had been involved in deciding the activities they wanted to do. Activities included arts and crafts, horse riding, trampolining, smoothie making, Makaton choir, cycling and visiting amenities off-site, such as a local bar.

A person living at Low Laithes had told us they had a particular interest. This person was supported to work at a local amenity, in line with their interest. This helped the person to be independent and build their self-esteem. Another person with a particular interest had helped devise a newsletter for staff and other people living at the home, inviting others to join in their chosen activity.

Most comments relating to activities were positive in nature. However, one family member felt activities needed to be more structured with plans adhered to once they had been agreed with people. This is because change can have a negative impact on some people. A member of staff told us they felt more drivers were needed in order to maintain effective activities provision. The registered provider was in the process of recruiting more staff and some new staff were beginning the first day of their induction during our inspection. This showed additional staff were being recruited.

The registered manager had received many compliments regarding Low Laithes and these were appropriately shared with staff. Complaints received had been responded to and actions had been (or were being) taken to address people's or relatives' concerns.

Is the service well-led?

Our findings

The home had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The registered manager had oversight of the home and knew people and staff well. The relatives we spoke with thought the home was well-led. One relative said, "Yes, I feel I can talk to the manager," and another said, "The manager is very approachable."

Staff felt supported by their managers and the registered manager. One support worker said, "I know who to ask for help. Any care manager would support me." Another support worker told us, "Oh yes, I definitely feel supported."

Regular staff meetings took place across different groups of staff within the home. Relevant issues were discussed and information was shared. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately.

Quarterly Family Forums took place. These were meetings, chaired by a family member and attended by a manager of the home, in order to discuss any issues at Low Laithes. People's Forums also enabled people living at Low Laithes to be involved in decisions about the home. These meetings were a formal way for people and families to be heard and be involved in the running of the home.

A well-being charter had been introduced for staff and this encouraged staff to maintain healthy lifestyles. This included assistance to stop smoking or with healthy eating. A member of staff told us, "It's aimed at staff but if staff are more aware of healthy living then that's passed on to people."

The registered provider demonstrated they worked in partnership with other agencies and engaged with the local community, for example through festival type events and accessing local amenities.

Low Laithes is registered to provide support to people living with autism. The registered manager told us they were aiming for accreditation with the National Autistic Society, although they were not accredited at the time of this inspection. Work to achieve this was planned and ongoing.

Regular audits took place, such as audits of infection control, care plans and medicines, as well as environmental audits. Additionally, the registered provider undertook regular unannounced night visits. These were effective in improving the safety and quality of service provided.

The registered provider was meeting their statutory obligations by submitting statutory notifications to the Care Quality Commission and we saw the most recent inspection ratings were displayed as required.