

# The Hesley Group Limited

# The Limes

## Inspection report

off Tickhill Square  
Stainton Street  
Doncaster  
South Yorkshire  
DN12 4AR

Tel: 01709861663

Date of inspection visit:  
12 April 2023  
10 May 2023

Date of publication:  
21 June 2023

## Ratings

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

# Summary of findings

## Overall summary

### About the service

The Limes is a 'care home' that provides care and support for up to 12 younger adults who have learning disabilities or autistic spectrum disorder. At the time of the inspection 2 people were using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service demonstrated they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The provider made sure there was a culture of person-centred care and support. People and those important to them were involved in planning their care. People received support based on respect and inclusivity. Staff understood how to protect people from poor care and abuse. Staff encouraged and enabled people to take positive risks. The Limes provided an environment and service that was safe, and people told us they felt safe living there. People lived in their own flats and had been supported to personalise their homes.

### Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing. People received person-centred care, which promoted their privacy, dignity and human rights. 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. Staff enabled people to access specialist health and social care support. The service worked with people to plan for when they experienced periods of distress, so their freedoms were restricted only if there was no alternative. There were enough suitably recruited and trained staff to support people to enjoy full and active lives.

### Right culture

The culture was open, honest and positive. Staff valued and acted upon people's views. The provider had a clearly defined vision and values which staff understood and followed. Staff knew their responsibilities and were confident to report any concerns to the provider. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 19 June 2021).

### Why we inspected

The inspection was prompted in part due to concerns received about how the provider was safeguarding people. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes 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, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# The Limes

## 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

This inspection was carried out by an inspector.

#### Service and service type

The Limes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback about the service from social care and health commissioners, and the local safeguarding team. We used all of this information to plan our inspection.

#### During the inspection

We visited the service on 12 April 2023 and 9 May 2023. We spoke with the 2 people who used the service and 9 staff including support workers, the registered manager, the deputy manager and team leaders. We reviewed a range of records. This included the 2 people's care plans and risk assessments, day to day care records and medicines records. We checked a variety of records relating to the management of the service, including 3 staff files in relation to recruitment, training, and staff supervision. We requested additional evidence to be sent to us. This included policies and procedures, further staffing and training information, and provider quality assurance audits. We used this information as part of our inspection. We spoke with 2 relatives by telephone, to gain their views about the service.

# 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 protected from the risk of abuse.
- People relied on a mix of verbal and non-verbal ways of communicating. One person told us they felt happy. Their body language was relaxed and positive indicating they felt safe with the staff.
- The staff were trained in how to identify signs of possible abuse and the action they should take if needed. They knew how to raise a safeguarding alert. The provider's safeguarding procedure was readily available to staff.
- People were advised how about how to keep safe by staff and if there were areas of individual concern these were detailed in people's care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Risk assessments and care plans were in place to support staff to enable people to take acceptable risks. The risk assessments covered all aspects of people's health, daily living and social activities. These identified situations where people may be at risk and helped staff to act to minimise those risks. The relatives we spoke with told us they felt their family members were generally safe in the service. One relative spoke of risks associated with specific aspects of their family member's care. We discussed this with the registered manager and were assured action had been taken to ensure these concerns were addressed.
- People who expressed distress in ways that could challenge others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
- Staff were trained in positive behaviour support. Incidents had reduced in the year prior to the inspection with fewer restrictive interventions being used. Staff told us people using the service were relaxed and becoming more confident in expressing their feelings.
- The provider carried out general and environmental risk assessments. These were regularly reviewed and updated. Equipment was regularly serviced and well maintained.

Learning lessons when things go wrong

- There was a system in place to monitor accident and incidents and identify any lessons learnt.
- Where lessons had been learnt, action had been taken to reduce the chance of recurrence, including updating people's care plans and risk assessments.

Staffing and recruitment.

- There was enough staff to meet people's individual needs and to make sure people were safe.

- Staff were deployed effectively and flexibly, to enable people to have regular access the community. When we visited, some people were out, both in the daytime and in the evening.
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The provider made sure people's medicines were safely administered, regularly audited and appropriately stored and disposed of.
- Staff worked with prescribers to make sure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) were followed.
- Medicine administration records (MAR) were up to date and indicated people's medicines had been administered as prescribed. Medicines were ordered, administered, stored and disposed of safely and people were supported to take their medicines in the way they preferred.
- PRN (as required medicines) protocols were in place, explaining the medicine, what it was prescribed for, and how to identify the person may need the medicine.
- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting and no visiting restrictions were in place.
- Systems were in place to ensure visitors, including family, friends and professionals visited people in a way that minimised the risk of spread of infection.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)



- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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; Continuous learning and improving care

- The registered manager and staff understood their roles and there were clear lines of communication in place.
- The provider made sure the service improved people's care through continuous learning. The records we saw showed safeguarding alerts, complaints, accidents and incidents were documented and fully investigated. Procedures were followed to make sure improvements were made and sustained.
- The provider, managers and staff carried out audits, regularly reviewed them and kept them up to date. The audits identified any performance shortfalls and progress made towards addressing them was recorded.
- There were internal audit checks to make sure specific records and tasks were completed, such as care plan and risk assessment updates. These audits fed into the service's development plan. This helped make sure the service was person focused and was effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The culture at The Limes was inclusive, person-centred and achieved good outcomes for people.
- The relatives we spoke with felt the service was well-led. The positive, relaxed body language of people who used the service also indicated this.
- People made choices and took part in meaningful activities, which were part of their planned care and support. Staff supported them to achieve their goals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were given the opportunity to contribute their views about the service. Their views were listened to, and people's wishes were acted upon.
- Some people and their relatives provided regular feedback to help identify if the care and support provided was focused on people's needs and wishes. Feedback from other people using the service was taken by interpreting their positive or negative responses, and body language towards activities and staff.
- The provider regularly asked people, relatives and staff to feedback about their experience of the service, via surveys. There were pictorial surveys for people who used the service. This made the process easier for people to understand and engage. Suggestions made were acted upon.

- Relatives told us they were in regular contact with the staff team.
- During both our visits we found a positive, relaxed and friendly environment. Staff continually checked people were happy and were receiving the support they needed.
- People attended college locally and staff supported them to have access to local the community such as shops, restaurants and walks. During our visits people were out taking part in activities in their local community, both in the daytime and in the evening.

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; Continuous learning and improving care; Working in partnership with others

- Members of the management team were clear about and acted on the duty of candour. The registered manager understood their regulatory responsibility and was open and honest when any incident occurred or when things went wrong. They fulfilled their responsibility to report certain events and incidents to CQC. They had worked openly with people, relatives and other professionals.
- People and staff benefitted from input and advice from an in-house multidisciplinary team, which included psychology, behavioural analysis, psychiatry services and speech and language therapy. In addition, the staff team worked closely with other, external professionals to achieve good outcomes for people. This included healthcare professionals and social workers.
- The feedback from visiting professionals was that the service was providing positive support that people were happy with.