

The Hesley Group Limited

# Fullerton House College

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Fullerton House College is a specialist residential college offering year round education and care for up to 12 young people aged 19 to 25 years old. The service provides support for people with complex needs including behaviour that may challenge and a learning disability, often in association with autism. Since the last inspection the accommodation arrangements have changed and people now live in one of four three bedroom flats in 'The Limes' building, which is part of the college site. At the time of our inspection the service was supporting seven people.

At our last inspection in November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received inclusive, caring and mindful support from staff who knew them well and whose main aim was to support people to have the kind of life they wanted, while keeping them as safe as possible.

Staff were knowledgeable about safeguarding people and were able to explain the procedures to follow should any concerns be raised. Potential risks to people's safety were clearly identified and reflected in their support plans. Incidents and accidents were monitored and action was taken to reduce risks to people. People received their medicines safely and as prescribed.

Environmental risks were assessed and managed appropriately, but some areas of the service required redecoration or repair. These had been identified by the registered manager and action was being taken to address them.

A thorough recruitment procedure helped to make sure the correct staff were employed to support people. There were enough staff on shift to ensure that people had their needs met in a timely manner and could take part in community activities. Staff received the training and support they needed to meet people's needs and develop their skills and knowledge.

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

Staff monitored people's health and welfare needs and people had been referred to healthcare professionals when needed.

People were fully involved in planning the support they needed and how they spent their day. This included menus and shopping for their chosen meals, which were prepared in their flat either by themselves or with assistance from staff. Support files provided clear guidance to staff on people's needs and their daily routines and preferences.

Staff knew people well and were aware of their history and preferences. Their privacy was respected and they were treated with dignity, kindness and compassion. People were supported to maintain relationships with people who were important to them.

Staff spoke with passion and commitment about supporting people to develop their skills and meet their full potential. We found they had worked consistently to help individual people get over their fears and develop new skills and abilities.

People accessed social activities and education which was tailored to their individual needs and interests. They spoke positively about the activities and social events they took part in and about how they had been supported to develop their confidence, skills and knowledge.

There were systems in place to enable people to share their opinion of the service provided and raise concerns if necessary, which were listened to. The registered manager and care team demonstrated a commitment to continually improve the service and used lessons learned to take the service forward. We also saw audits and checks were regularly undertaken to make sure company policies had been followed and the premise was safe and well maintained.

Further information is in the detailed findings below.

## 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.

# Fullerton House College

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

The comprehensive inspection took place on 14 March 2018 and was unannounced, which meant no-one connected to the home knew we were visiting that day. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before the visit we requested the views of professionals who were involved with supporting people who lived at the home, such as the local authority and social workers. We also contacted Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with two of the seven people living at Fullerton House College, spent time observing people going about their daily lives and looked round the home's facilities, including people's flats, communal areas and bathing facilities. After the visit we also phoned four parents to gain their opinion of the service provided. We spoke with the registered manager and four staff, and the registered provider's representative was present for feedback at the end of the inspection.

We looked at two people's support files and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including training records, medication records, safeguarding concerns, checks carried out by the staff, complaints and compliments.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the home and they said they did. Relatives we spoke with were also confident their family members were safe living at Fullerton House College. One parent told us, "Definitely [safe]."

We saw staff supported people in a safe way, Where there was the potential for people to pose a risk to themselves or other people assessments and management plans were in place to minimise those risks, while allowing people as much freedom and independence as possible. One relative commented, "If anything happens [triggers for behaviour that challenges] staff put things in place to address them."

The registered provider continued to effectively protect people living at the home from the risk of abuse, because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns. One parent told us, "The team are very well trained. I checked they were aware of [reporting] safeguarding and whistleblowing."

Staff we spoke with had a good understanding of potential risks and their responsibilities. They said they had completed the 'Hesley Enhancing Lives Programme' [HELP], which is a behaviour support approach based on Therapeutic Crisis Intervention [TCI]. This is accredited by the British Institute of Learning Disabilities [BILD]. The training looked at preventing and managing challenging behaviour, which aims at avoiding confrontation by using a range of techniques.

The company's recruitment and selection process continued to be robustly followed, which helped ensure new staff were appropriate to work with vulnerable people and had the right skills and knowledge to carry out their job. Sufficient staff was employed to meet people's individual needs and enable them to participate in their chosen activities in the community.

Medication was managed safely. People's medicines were securely stored in individual lockable cabinets in a locked medication room. Medication records had been completed correctly and regular checks had been made by senior staff to make sure people had received their medication as prescribed and records were accurately completed. Where errors had been found these had been looked into and appropriate action taken to minimise the risk of a recurrence, such as additional staff training.

Where people were taking 'when required' [PRN] medicines clear protocols were in place to tell staff what the medicine was for and in what circumstances it should be given. Staff who assisted people to take their medication had received training and periodic observational competency checks to make sure they were following the correct procedures, and medication was being managed safely.

The control and prevention of infection was managed well and staff had received training in this topic. Overall we found the home was clean and well maintained, but, there were some areas that needed

attention. For instance, we saw one person's bedroom needed redecorating and some woodwork was chipped, which would make it difficult to appropriately clean. However, the registered manager had already identified the shortfalls we found and action was being taken to address them. People told us they thought the home was clean and well maintained. A relative told us they felt the home was well maintained and another person said, "It is always clean and tidy."

Reported incidents and accidents had been monitored to help minimise risks to people by looking for trends and patterns. Completed reports contained good detail about incidents. The registered manager told us this information was then shared at multidisciplinary team meetings to learn lessons and make changes to protect people.

# Is the service effective?

## Our findings

People's care and support was delivered in a way that achieved effective outcomes for them. People told us they were very happy living at Fullerton House, and confirmed that staff supported them to live their lives how they preferred. Relatives spoke highly about the staff saying they were well trained and very effective in the way they supported people. One parent told us, "They [staff] are unbelievable with [family member]."

People received care and support from staff who had the training, skills and knowledge to meet their needs. This included a structured induction to the service. Following induction staff had access to a varied and on-going training programme to update and enhance their skills and knowledge. One care worker told us the training they received was, "Very good, the manager really is on the ball with training, she keeps us up to date." Staff received one to one support meetings at least every three months and an annual appraisal of their work performance. Staff told us they found these sessions useful, but also said they could approach the management team for guidance and support at any time.

People were encouraged to maintain a healthy diet and their dietary requirements for health or culture were provided for. Each flat had a kitchen and people planned, shopped for, prepared and cooked their meals in each flat, with staffs' assistance as needed. People's support plans included detailed information about their dietary preferences and the level of support they needed to make sure they received a balanced diet. We also saw written and picture menus were available to help people choose meals. A parent described to us how staff had supported their family member to maintain a specific diet they added, "We work together, staff and the family. They look after [family member] well." Staff demonstrated a clear understanding of supporting different people living at the home, such as special diets, their abilities to be involved in food preparation and any assistance needed.

People continued to be supported to maintain good health and to access healthcare services when needed. They had been supported to access GPs, the speech and language team, dentists and to attend hospital appointments. We saw an 'It Hurts' board was used to help people communicate how they felt. For instance, where they had a pain. The registered manager told us how this had helped them get the right support for people, such as a dentist.

Each person had their own bedroom, which they had been supported to personalise, for instance they told us they had chosen the colour scheme, furniture, posters and mementos. They also each had their own bathing facility. Each flat had a communal sitting room, dining room and kitchen, so people could chose to spend time with other people or be on their own. One person told us how they had been involved in selecting the décor and furniture for the communal areas in their flat.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. People's mental capacity to make decisions had been assessed and staff had attended training in this subject to help them to develop their skills and knowledge to promote people's rights. Staff offered support to people and involved them and their relatives [where appropriate] when decisions were made. The registered manager and the care staff we spoke with demonstrated a good understanding of the process and their role in ensuring people's



rights and wishes were respected. One parent described to us how they had been involved in a best interest meeting to look at what was best for their family member adding, "We discussed what was what was better for them, not for me."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We found authorisations were in place, where necessary and staff supported people in the least restrictive way possible to comply with the authorisations.

## Is the service caring?

### Our findings

Throughout our visit staff supported people in an inclusive, sensitive and friendly manner, treating them with dignity and respect. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other. One person spoke affectionately about their care workers and we saw the interaction between them was very positive and caring.

Staff listened to what people were saying and responded to them quickly. They encouraged people to complete everyday activities, acknowledging and complimenting the work they had done. They had time to listen to people and to support them to do things at their own pace. Visitors spoke positively about the way staff cared for people. One person said, "We are highly satisfied with everything. The carers visit us with [person using service], they are like part of the family."

We saw people were treated with care and respect, and according to their individual needs. Every staff member we spoke with demonstrated a sound knowledge of people's individual needs and wishes. They explained what support people needed and how they preferred this to be carried out. This reflected what we had read in people's support plans. Parents told us the consistency of the staff team supporting their family member had a positive effect on them. One person commented, "We are really happy, I can't fault them [staff]."

People's bedrooms had been personalised. Those we spoke with said they had chosen the colour scheme for their room, as well as the personal items of furniture, mementos and posters.

Relatives told us they were encouraged to visit at any time and always made to feel welcome.

People were given choice about what they wore, where and how they spent their time, what they ate and what social activities they took part in. They were encouraged to clean and tidy their own rooms and carry out other routine living skills. We observed staff encouraging people to be as independent as possible while providing support and assistance where required.

The culture of the service was based on providing support that was tailored to meet each person's unique needs. Care records also highlighted any cultural and heritage needs. A parent told us the care provided was, "Absolutely second to none, they really tailor care to [family member's] needs."

The service supported people to express their views and be involved in making decisions about their care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made. They were supported to be involved in planning and reviewing their support plans and said they felt their views and choices were respected.

## Is the service responsive?

### Our findings

People told us Fullerton House provided good care and support. They said staff supported them as they wished and responded to their preferences and changing needs in a timely manner. The service was flexible to meet peoples' needs. For example, one person had reduced the time they spent at the college, as full days made them anxious. A parent told us, "[Family member] has really progressed over time. He has developed into a really nice young man." Another person said communication from the home was very good, they added, "They [staff] tell us if anything changes."

The service continued to effectively assess the care and support people needed, and delivered this in line with their individual support plan. People were assessed prior to being admitted to the home to ensure their needs could be met. We saw copies of assessments completed by the staff at the home, as well as social service assessments, these had been used to develop people's support plans.

Each person's care files provided comprehensive information about the care and support they required, as well as their preferences, religion, culture and daily routines. Support plans were very person centred and clearly involved the person using the service. The plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence. In one of the files we looked at it was clear staff had worked hard to help the person progress. Records highlighted the behaviour and routines of the person when they first moved into the home, where they were now and how this had been accomplished.

Support plans and risk assessments had been evaluated on a regular basis to make sure they were being effective in meeting the person's needs. People who used the service and the relatives we spoke with confirmed they had been involved in care reviews and felt they had been encouraged to contribute to them.

All the staff we spoke with demonstrated a very good knowledge of each person they supported. They spoke about valuing people and respecting their rights and their diverse needs. For instance one person had been supported to attend a church service, but then decided this was not what they wanted to do again, staff had respected this.

A social worker told us, "The [person] that I case manage is doing well. [Person] has complex needs and behaviours but the service manages them well. [Person] is well settled and the support staff have a very good relationship with [person]. They understand [their] care and support needs and how best to offer a caring and supportive environment. I have witnessed this when I have visited and the service is proactive in informing me if there have been any issues of concern."

People had access to a wide choice of educational and social activities which were tailored to their preferences and needs. We found each person had a structured individualised activity plan which they had been involved in developing. This included, college days, social clubs, shopping and cooking and taking part in groups such as the Makaton choir and the girls group, which enabled people to socialise. Some people also had jobs, such as delivering newspapers and working at a recycling site. A quarterly newsletter included

people's views on the activities they had taken part in and what they thought about them, such as Zumba classes, films they had seen and places to shop.

The company provided periodic social events that people living in any of their services could attend. For instance, they told us about attending the "Hes Fest" [The Hesley Festival], a festival held at The Hesley Village, where people from all the registered provider's homes met to socialise. Staff said there had also been a summer BBQ held at the home where everyone attending could share their ideas and thoughts while enjoying a social event.

The registered manager told us that as the people they supported were young they had not considered end of life arrangements as part of the care planning process. However, they said they would look into how best to include this in the assessment and planning process.

We asked people what they would do if they were unhappy about anything at the home. They said they would talk to the staff or the registered manager. The complaints policy was clearly displayed and in an understandable format. There had been no recent complaints made, but we saw an earlier complaint had been investigated in line with the written policy. One parent told us, "Any concerns are dealt with appropriately and resolved." Another commented, "We are so pleased with Fullerton. Such good communication, we are always listened to and they responded to anything we suggest, we work well together."

Compliments received from relatives and external professionals had been logged on an electronic system and shared with staff.

People were regularly involved and consulted about how the home was run and asked about their satisfaction in the service provided. The registered manager also told us how they used a 'you said, we did' board for people to share anything they wanted to happen at the home, this included staff.

# Is the service well-led?

## Our findings

The service had a registered manager who was responsible for the day to day running of the service. 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.

All the people we spoke with praised the registered manager and the way the service was run. From their comments they obviously spoke with her regularly and felt able to discuss concerns and ideas with her freely. One relative described the management of the service as, "Absolutely fantastic, transparent and inclusive." They added, "She [registered manager] is fantastic, always honest with me. She will tell me what's best for [family member], not what I think is best."

The registered manager was accessible and supportive to the staff team, who spoke highly about her. They told us she was firm and professional, but always fair. Comments from staff included, "Best manager I've ever worked for. She's right on top of everything and the students' [people using the service] needs are prioritised" and "Flexible to fit around family life. She bends over backwards to help."

The registered manager demonstrated a good oversight of the service and a clear vision for how it could be developed to provide people with an even better quality of life. The registered provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. For instance plans were in place for the garden to be landscaped.

Staff we spoke with were also committed to providing high quality care and support. Staff felt the service was well led. They told us they were listened to by the management team and felt they could take any ideas or concerns to them. One care worker said, "We work well as a team. We have our differences but we work them out and support each other."

Guidance provided to staff, meetings and one to one support sessions ensured they knew what their responsibilities were. Quality performance, risks and regulatory requirements were understood and well managed.

A positive, person-centred culture was promoted. For instance, people's views were sought on a day to day basis in informal chats, meetings and care reviews. Questionnaires to parents and informal social events had also been used to gain their opinion. Comments made at the BQQ last year were displayed in the home. These were positive about staff communication, how much they had enjoyed the event and how queries were promptly responded to.

The management team strived to keep abreast of changes and best practice. For example, the registered manager had copies of the new CQC Key Lines of Enquiry, used by us to assess if services are meeting Regulations. They were using these to develop the service further. We also found staff had received training

in relation to the Equality Act and human rights as part of their induction and through refresher training. The service was also promoting equal opportunities in staff recruitment. The registered manager told us, "Whether it's tattoos or sexuality it makes no difference here, with staff or service users, there is no discrimination."

Regular checks had continued to be carried out to make sure the correct procedures were being followed. This included health and safety, medication, the environment and staff training. These enabled the registered provider to monitor how the service was operating and staffs' performance. We saw there were areas of the home that needed repairing or replacing. For example, some areas needed redecorating as paintwork and walls were damaged. Records showed these areas had been highlighted by the registered manager prior to our visit and had been passed on to the registered provider for them to action.

The registered manager carried out periodic night visits and one of the company directors visited the home on a monthly basis to assess how it was operating and people were being cared for.

We found the service worked in partnership with other agencies such as the local authority and healthcare professions to ensure people needs were met. This was confirmed by a social worker we contacted.