

# The Hesley Group Limited

## King Street

### Inspection report

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### 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

King Street is a care home providing accommodation for up to 14 people. People live in shared and individual houses and flats. The service specialises in supporting younger adults with a learning disability and autistic spectrum disorder. At the time of the inspection there were eleven people using the service.

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

We found the provider had effective systems in place to safeguard people from the risks associated with abuse. There was effective management of risk. Staff were recruited, trained and deployed appropriately and effectively to ensure people's needs were met. People were protected from the risk and spread of infection and people's medicines were managed safely.

There were effective systems of governance, monitoring and review in place, with good evidence of provider oversight to ensure the service was working to the provider's expected standards. There was evidence that feedback from people who used the service and their relatives had been sought and acted upon in positive ways. There was an emphasis on improving the service, and ensuring it was person centred and service user led. There was evidence of staff working in partnership with other agencies. This helped deliver individualised care and supported people's access to other healthcare and social care services.

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 community based and people were able to access their local community, nearby shops and services.

### Right care:

Care and support 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:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service were leading confident, inclusive and empowered lives. One person's relative said, "[Person] is empowered and given opportunities to do as many different things as possible."

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 November 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 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 King Street 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# King Street

## Detailed findings

### Background to this inspection

#### The 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 was carried out by an inspector 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

King Street 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

An unannounced inspection took place on 29 April 2021.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

The inspection activity started on 29 April and was completed on 24 May 2021.

During inspection site visit we spent time talking with five people who used the service and observing their interaction with support staff. This helped us understand the experience of people who could not talk with us. We also spoke with six people's relatives by telephone about their experience of the service.

We toured the building and spoke with the registered manager, deputy manager, two team leaders and six support staff. We also saw the written records, risk assessments and care plans for one person and medicines records for three people. We looked at personnel and recruitment records for two staff and a range of records in relation to the management of the service, including quality and safety records and audits.

We requested and reviewed further records in relation to the management of the service, which were provided to us remotely. This included quality and safety systems processes, meeting minutes, and staff training and supervision records. We also undertook a remote meeting with the Hesley Group's Quality and Compliance manager on 24 May 2021.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- We found people were protected from abuse.
- People we spent time with indicated they felt safe with the staff and we saw people were relaxed in their company.
- We saw staff interacted and engaged with people very well, using people's familiar methods of communication. They were encouraging, supportive and respectful towards people.
- We asked people's relatives if they felt people were safe in the service and received positive feedback. For instance, one person's relative said, "I think [person] is in the safest place that they could possibly be. It's absolutely exemplary." Another relative said, "The staff are very well trained, and retrained the whole time. [Person] has got the best possible care and surroundings. Can't think of anything detrimental at all."
- Staff demonstrated good knowledge of how to recognise, respond to and report safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care and support were identified and well managed to keep people safe.
- People had personalised risk assessments and care plans. This included clear guidance for staff to help reduce risks and keep people safe, while encouraging their rights and positive risk taking.
- When restrictive interventions were applied as part of a person's support plan these incidents were properly reviewed and reflected upon. This helped to ensure a continued focus on reducing restrictive interventions and supporting people in the safest way possible.
- One person's relative told us, "Physically [person] is safe and the setting is safe. Staff are aware of the risks and they are well equipped and trained to foresee risks. They are kept up to date and [person] is always reviewed."
- Environmental risks had been assessed and monitored and environmental safety checks were carried out.
- Accidents and incidents were recorded and analysed, ensuring themes and trends were identified to help mitigate future risks.

Using medicines safely

- Clear protocols were in place to guide staff where people were prescribed medicines to be given as and when required.
- Staff who administered medicines received competency checks to ensure their training was effective and medicines were administered safely and following policies and procedures.

Staffing and recruitment

- We found there were enough staff available to meet people's needs safely. Staffing levels were assessed

on an individual basis, and most people received at least one to one staff support.

- 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 supported by their core team.
- No one we spoke with said there were issues with staffing levels and the people we visited told us they were happy with their staff.
- One person's relative said, "I totally trust them [staff]. They know [person] really well.
- Recruitment checks continued to ensure staff were suitable and safe to work with the people they were supporting. One person's relative told us of their family member's involvement in the processes. They said, "[Person] often sits in with the interviews and with initial training."
- The service also focussed on providing people with the right staff for them, based on people's preference and interests. Staff with compatible preference and interests were matched to people as part of their core support team.

#### Preventing and controlling infection

- We looked at how infection prevention and control was implemented and found people were protected from the risk and spread of infection. The building was clean and fresh throughout and one person's relative commented, "It's spotless, I wish they would come and clean mine!"
- The provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises.
- Visits were being facilitated for people in accordance with the current guidance. The provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- The service was using PPE effectively and safely. The provider was making sure infection outbreaks could be effectively prevented or managed and the infection prevention and control policy was up to date. One person's relative said, "They [staff] have handled Covid very, very carefully, looking after [person] and other residents."



# 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

- We found the provider and management team had good oversight of the service.
- 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 reviewing and questioning practice were effective. Organisational learning from audits and incidents were shared throughout the provider's services
- The quality and safety checks and audits completed in the service were effective in identifying and addressing shortfalls and concerns.
- While there were some areas one person's relative told us could be improved, the management team were aware of the issues and working positively to address them. Overall, we received positive feedback about the team's response when relatives raised concerns. For instance, one relative said, "They certainly do. I've never known them not to, for instance, clothing, if it's a bit scruffy, they change it immediately." Another relative told us, "Our last concerns were specifically to do with lockdown. They listened and addressed it well."
- The registered manager was aware of their responsibilities in relation to the duty of candour. They were also clear of the requirement to notify CQC of all significant incidents and concerns.

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

- The management team in the service were keen to promote a person-centred culture. It was also clear they encouraged learning lessons to support improvements in the service.
- Staff we spoke with were positive in their feedback and in their approach.
- We saw people were encouraged to make decisions and speak for themselves.
- One person's relative said, "[Person] is empowered and given opportunities to do as many different things as possible." Another relative told us, "We've been very happy with [person's] care there. Very pleased. It's been a difficult ride for [the staff]. They've dealt with some very difficult behaviour. [Person] is totally different from when they arrived there. Calmer, secure and obviously happy there."

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

- The atmosphere was welcoming and inclusive of people's diversity. During the Coronavirus pandemic

communication with people's relatives had most often been by telephone, or online, or by video calls. This helped keep relatives updated about what was happening for their family members. Although, one relative said communication could have been better during the pandemic.

- People, and those close to them were asked about their satisfaction with the service, in conversation, meetings and via annual surveys.
- One person's relative said, "There's the annual reviews and various health meetings via Zoom at the moment. It used to be face to face." Another relative said, "We Skype regularly. Surveys? Yes."
- The feedback received from people who used the service, their relatives and advocates, professionals and staff was included in improvement plans for the service.

#### Working in partnership with others

- We received positive feedback from the local authority and clinical commissioning group regarding the service. This included the registered manager and support team's management of the COVID outbreak.
- One relative commented, "It's a team. They really see it as a team: management, parents, and allied healthcare and speech & language therapists, psychologists. Everybody works well together, which is why it's such a success. Everybody pulls in the same direction."