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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Low Laithes is registered to provide accommodation and personal care for up to thirty people with a learning disability or autistic spectrum disorder. Low Laithes is a purpose built location and the accommodation comprises of self-contained maisonettes, which include a kitchen/dining area, living area and a bedroom with en-suite facilities.

There was a registered manager at 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 and associated Regulations about how the service is run.

Our last inspection at Low Laithes took place on 10 June 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 23 June 2015 and it was an unannounced inspection. This means the registered provider did not know we were going to carry out the inspection. On the day of our inspection, there were 27 people living at the home.

People told us they were well cared for and they felt safe.

We saw the staff were kind and compassionate. Staff understood people's needs and treated them with respect.

Relatives said they found people had positive relationships with the staff and they trusted the staff at Low Laithes.

There were over 30 members of support staff and other staff on site and all were highly visible. There were sufficient staff that were available and responded to people's needs and kept people safe.

We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

We found systems were in place to make sure people received their medicines safely.

Staff had an understanding of their responsibilities to protect people from harm. Incidents were assessed and monitored by the registered manager to try to prevent and reduce potential re-occurrences of similar incidents.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Individual support plans and risk assessments were in place in order to identify people's needs and manage risks to people.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff were very positive about the frequency and quality of training and induction available.

Staff were provided with regular supervision and appraisal for development and support.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves. People had access to advocacy services.

People had access to a range of health care professionals to help maintain their health. People had a choice of meals, so people's individual preferences could be respected.

People and their relatives told us they could speak with staff if they had any worries or concerns and they would be listened to. Bespoke complaints procedures were provided to people, according to their individual abilities.

People knew the registered manager and freely approached them during our visit.

We saw people participated in a range of daily activities, which were meaningful and promoted independence both within Low Laithes and in the community.

There were comprehensive systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure procedures to maintain safe practice were adhered to. People and their relatives had been asked their opinion of the quality of the service by both the registered provider and manager via surveys and by the regular forum meetings.

Summary of 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?
The service was safe.

People told us they felt safe

Safe procedures for the administration of medicines were followed and medicines records were accurately maintained.

There were effective staff recruitment and selection procedures in place.

Staff were aware of whistleblowing and safeguarding procedures.

Good

Is the service effective?
The service was effective.

People were supported to receive adequate nutrition and hydration.

People were provided with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good

Is the service caring?
The service was caring.

People and their relatives said staff were nice and kind.

Staff respected people's privacy and dignity and knew people's preferences well.

Good

Is the service responsive?
The service was responsive.

People's care and support was personalised and responsive to their needs. Care records contained details of people's lives and preferences.

Staff understood people's preferences and support needs. A range of activities were provided for people. The activities provided took into account people's personal hobbies and interests.

The home routinely listened to people's experiences and responded well to any concerns or complaints made.

Good

Is the service well-led?
The service was well led.

The registered manager and staff told us they felt they had a good team. Staff said the registered manager and other managers in the organisation were approachable and communication was good within the home. Staff reported improved morale.

Good

Summary of findings

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

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 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.

This inspection took place on 23 June 2015. This was an unannounced inspection which meant the staff and registered provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by an inspection manager, a second adult social care inspector, a specialist advisor and an expert by experience. The specialist advisor was a health professional who had experience in supporting people with a learning disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service and the registered provider. For example, notifications of any incidents and occurrences. The people who lived at Low Laithes previously lived in all areas of the UK and were funded from authorities in those areas. We contacted 18 health care professionals and organisations locally and nationally. We received responses from seven organisations either through email, letter or via a telephone conversation and this information has been used to inform our judgements about the service.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). 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. The PIR was returned as requested.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spent time observing the daily life in the service including the care and support being delivered. We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. Five people spoken with were able to share some of their experience of living at the service.

We also spoke with 15 staff including the registered manager, the care managers, team leaders, senior support workers, support workers, vocational workers, the hotel services manager and two members of the clinical multi disciplinary team based at Low Laithes .We viewed correspondence from relatives, which provided feedback about the service and their loved ones care and support. We looked around different areas of the service including the internal and external communal areas and with their permission where able, some people's individual flats.

We reviewed a range of records including the following: four people's support plans, four people's medication administration records, three staff files and records relating to the management of the service such as complaints records,quality assurance audits and the policy and procedure files.

Good

Is the service safe?

Our findings

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

People said, "I feel safe and cared for, but I miss home", "I am very happy living here" and "I like all the staff. They help you have a very full life."

We observed one incident where a person had become agitated and wanted to go into a potentially unsafe area of the home. The incident was managed by staff safely with no physical intervention observed. The person was seen later in the morning positively interacting with the same staff members.

The registered manager and care managers informed us that everyone who used the service had individual support from a staff member during the day and a number of people had support from two members of staff. There were over 30 members of support staff and other staff on site and all were highly visible. There were sufficient staff that were available and responded to people's needs and kept people safe. Some staff were supporting people in their flats and other staff were supporting people in the grounds or communal areas of Low Laithes. We looked at the home's staffing rota for the two weeks prior to this visit, which showed these identified numbers were maintained in order to provide appropriate staffing levels, so people's support needs could be met.

Team leaders and care managers told us they were rostered to be site managers for the day on a regular basis. Communications across the site was by radio. Staff said should any incident occur additional support was requested via the radio and all staff who could be freed up to attend and support the person and staff member involved in the incident. The site manager also attended to assess the situation and take charge if required. The site manager was not rostered to provide individual support to people and was supernumery to the staff numbers.

The majority of staff spoken with said enough staff were provided to meet and support people with their needs. Comments from staff included, "Staffing has been an issue; recruitment has been an issue, but a great deal has been done to address these problems", "I think we are very well staffed" and, "We used to have quite a few agency staff, we have cut back on agency but sometimes it feels it leaves numbers short."

Staff confirmed they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Staff said, "I feel confident to raise concerns, as an organisation I know we take things seriously."

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew that these policies were available to them. We saw information on how to keep people safe and to report any concerns were displayed in strategic positions in communal areas around the home.

We looked at the safeguarding records kept at the home and saw that all safeguarding concerns were addressed and fully investigated and the service had made appropriate safeguarding referrals to the local authority safeguarding team, when required. Safeguarding concerns were regularly monitored and audited by the registered manager and registered provider. This meant risks to individuals and safeguarding concerns were managed and monitored to protect people.

The service had a policy and procedure on safeguarding people's finances. The hotel service manager explained that each person had an individual bank account and any cash drawn from this account was securely stored individually for people. We checked the financial records and receipts for three people and found the records and receipts tallied. The manager informed us that the financial

Good

Is the service safe?

systems were audited weekly by themselves and regularly by the finance department of the company. An annual external audit was also carried out by an accountancy firm outside of the company.

The hotel services manager explained that if staff requested to withdraw more than £49 on behalf of any person then 'best interest' paperwork had to be submitted to ensure that the money being spent on behalf of the person was for an item or event that would be of benefit to them.

We checked financial records and monies of two people which were kept in their flats. We found staff were not completing/and or signing the finance records as required at each handover of shift. The registered manager said they would instruct staff to complete these checks and commence further auditing to ensure the checks were completed at each handover of staff shifts.

We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, contact with previous employers to request evidence of satisfactory conduct in their employment, confirmed identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow.

We found medicines were securely stored in locked cupboards in people's flats or in a treatment room. Regular audit checks were completed by mangers regarding the safe storage and accurate record keeping of medicines. We did advise the registered manager to relocate the storage of a controlled drug. They understood and agreed with the reasoning surrounding the relocation and said this would be undertaken promptly.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and could help keep people safe.

People's support plans contained medicines care plans, which detailed the medicine's name, dose and frequency required. We checked three people's Medication Administration Records (MAR) which were well maintained, signed by the administering member of staff when the medicine had been administered and contained no gaps.

We saw care plans and risk assessments were in place in care records and that these were regularly reviewed and updated, to make sure they were current and relevant to the individual.

There were risk assessments covering all areas, associated with risk in people's plans of care plans. Historical risks were acknowledged and planned for and the risk assessments were up to date. Staff told that they were changed as soon as the assessment of the risk changed. We saw there were risk assessments related to specific activities, within Low Laithes such as gardening or pottery and within the community including specific trips such as to the 'sensory pod'.

Low Laithes and the registered provider had made a strategic decision to use Therapeutic Crisis Intervention (TCI) and train all staff on its principles and application and to introduce a restraint reduction programme."

Staff told us all incident forms reflected TCI principles. They said, "All incidents are systematically reviewed" and "Staff injuries have reduced and we each have Personal Protective Equipment."

We checked incident forms which did identify risk strategies and monitoring and included plans to reduce reoccurrences.

We saw people's support plans included HELP (Hesley Enhancing Lives Profile) and behaviour care profiles. These were available to staff at any time through the company intranet.

Good

Is the service safe?

Staff said “people all have a behaviour care plan to keep them safe and a HELP profile” and “Care plans are adjusted regularly as the needs of people change.”

Staff told us that one person who was working towards living in a more independent environment now travelled independently to their parents’ house on public transport. The risk of the person doing this had been assessed, with action taken to minimise any risk presented. The person said, “I travel from Barnsley to [home] by myself. I ring when I get on the train. I ring when I get to [half way point] and then I ring again when I get home. Staff know I am safe then.”

This is a good example of balancing risk and encouraging the person’s independence.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken and a full annual infection control audit had recently been completed which showed that any issues were identified and acted upon. We found Low Laithes to be clean. This showed that procedures were followed to control infection.

Good

Is the service effective?

Our findings

We received mixed views from health professionals regarding staff's knowledge of people they cared for. One said at their last visit to the home, some staff had a poor knowledge of the person's care plan and needs. Two professionals said, "They [staff] are good we receive regular updates about [person]" and "There is some good work going on with [person] which has provided consistency in care and support."

People told us they enjoyed the meals. Comments on the food included, **"**I am a vegetarian and make my own meals" and, "I buy the things I like."

We looked at four people's support plans. They contained a range of information regarding each individual's health. We saw, where possible people had been involved in their support plan. Support plans contained a health action plan which showed annual health reviews took place to monitor people's well-being. We saw people had contact with a range of health professionals that included GP's, dentists and psychologists. The files held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health. However, one person was not being weighed at intervals highlighted in the person's plan of care. The staff explained to us that this was because of the person's reluctance and choice not to be weighed. Staff said they would amend the person's plan to reflect this.

The service had its own multidisciplinary team, which included a clinical psychologist, a speech and language therapist, occupational therapists and a qualified nurse.

We found some people chose their food from three weekly menus and some people had their own individual menus.

We found most people usually ate in their own flats. Some people prepared their own meals supported by staff or if they were unable to cook themselves, the support staff cooked for them. Some people shopped for their own food, again with support from staff.

Care staff in one unit explained that they had support from dietetic staff if they became concerned about a person's nutrition. They had involved a GP and dietician in discussions about one person who had lost weight

We found a positive intervention happening with one person .Staff cooked all the person's meals and baked with them in their flat as it had been recognised this provided the person with enhanced sensory stimulation and pleasure.

Prior to this inspection we had received some concerns from health professionals and a whistle-blower that staff were not receiving training that assisted them to support people with complex needs.

Staff told us that they were provided with a range of training that included moving and handling, Therapeutic Crisis Intervention, infection control, safeguarding, food hygiene, and autism and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills.

Staff were all enthusiastic about the training available, especially those staff who had recently completed the new induction course.

A care manager told us, "We have changed the induction process. It was reviewed on the back of the introduction of the new Care Certificate. Induction was two weeks and is now four weeks long. The programme is structured and covers TCI, HELP and all the statutory stuff as well such as safeguarding, health and safety and fire drills."

Other staff said, "I am a trainer on the induction programme and have been encouraged to take a management course. I have also been trained in TCI and am now a TCI trainer", "The induction into this company is fantastic. The trainers have got it down to a T. The third week is completely devoted to TCI and the conflict cycle."

A team manager said, "With new recruits we are focussing on the Care Certificate. If we think anyone is struggling - we hold early review meetings with them and set them some objectives. We involve our care manager and work out how we can support them and work out where they may need some help. So far we have got everybody through."

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Good

Is the service effective?

Records seen showed that staff were provided with supervision and annual appraisal for development and support.

Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff said supervision was on an individual and group basis. Staff said they did find group supervisions' useful as a way of sharing experiences and skills. Staff were knowledgeable about their responsibilities and role. Staff said, "Everyone has an annual update and a personal development plan" and "I feel well supported by the other staff here and have regular supervision."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used.

All staff we spoke with had a good understanding the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. Staff were clear and told us the people who were subject to Deprivation of Liberty Safeguards (DoLS). Staff were able to discuss the process in assessing best interests for people. The process that was explained to us by staff was robust and considered all aspects of the capacity test and a formal best interest decision. Staff told us that advocates had been involved in the process. This meant the staff had relevant knowledge of procedures to follow in line with legislation.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and advocacy services and how they could be contacted and recent changes affecting DoLS legislation. The registered manager informed us that where needed all DoLS had been referred to the local authority and they were still awaiting decisions on six DoLS applications.

The registered manager said all managers at the service had applied for accredited MCA and DoLs training which was being organised by the local authority.

We saw best interest meetings were recorded in people's care plans and best interest assessments were completed for all parts of people's daily lives from the consenting to receive flu vaccinations and other physical interventions to attending parties.

Good

Is the service caring?

Our findings

All the people we spoke with and observed were clean and well dressed.

Throughout the inspection we saw the staff were kind and compassionate. Staff understood people's needs and treated them with respect. The tone of conversations and the language used was always kind and appropriate. Interactions between staff and people were good natured, friendly and caring.

We observed a person hug support workers and say "[person] loves you [staff]" whilst smiling and hugging them. The person didn't want to speak with us and kept hiding behind the support staff as a form of protection which showed the person trusted and felt safe with their support staff.

People said, "I like it here because it is quiet and I like some of the staff. Some of the staff are respectful and understanding; they treat me as an equal" and "I am very happy living here." Another person said, "I have fun with the staff. I like all the staff. They help you have a very full life."

Relatives said, "[staff member] and [family member] have developed a lovely relationship, we trust her and have confidence in her" and, "Staff include and value residents, the culture of Low Laithes is open and welcoming."

We observed people knew the staff who were working with them very well and they appeared to be very comfortable with them. The atmosphere in all the units was calm and the staff were welcoming. The staff worked with specific people and all the staff we spoke with knew people well.

We observed a staff handover. During the handover we found that staff were concerned about the wellbeing of people and what had happened during their off duty. The questions they were asking about individual people indicated that they had a genuine interest in the well-being of the person.

We observed a number of people, people to staff interactions and staff to staff interactions during the course of the day. All of the interactions we saw were respectful and positive. Staff showed a good understanding of the needs, behaviours and communication strategies for the people they were supporting. They were positive about supporting people's privacy, but open with us when we spoke with them. We saw staff sharing a laugh and joke with some people and playing games with them.

One health professional we contacted before the inspection said the relatives of one person had told them, "The staff at Low Laithes helped to make sure they were very involved in [family members] care. The placement has been consistent and the environment has benefitted him." The relative had added, "We would not change this placement."

Staff told us, "This unit feels very much more person centred. We can chat and support people", "People who live here are great" and "All the staff genuinely care about people and their aim is to do all they can for the individuals we support and make their lives more comfortable."

A Health Professional who had visited the home said, "I feel that Low Laithes was a facility where my [relative] would be happy, safe and cared for."

We looked at care records and saw people and their families, where appropriate, had been involved in making decisions and planning their own care and support. We saw records contained "Life Story" documents, which were present to record information about the person's life. When we spoke with staff about these people, they were able to tell us about their lives, past experiences, likes and dislikes. This demonstrated staff knew the people who they were caring for and supporting well.

We saw staff ask if they could enter a person's flat. The person blew the staff member a kiss. The staff member told us that this was how the person indicated their agreement. Another staff member told us discreetly that a person exhibit specific behaviours when greeting us and not for us to be alarmed. These are examples of how staff knew people and their communication methods well.

We asked the registered manager about advocacy services that were available at the home. An advocate is a person who speaks on behalf of another, when they are unable to do so for themselves. The home manager told us they sourced advocates for people who required them and that one advocate visited the service weekly. We saw evidence of this in care records we looked at. We also saw there were leaflets present on notice boards advertising advocacy services.

Good

Is the service responsive?

Our findings

Throughout the inspection we saw staff respond to people's requests promptly and staff showed a good understanding of people's needs and support. An example of this was when a person said a key word and the staff member knew immediately that the person wanted the DVD forwarding to their favourite part of the film.

One person invited us into their flat to observe the décor. The flat was individualised to their taste, which they had personalised with support from staff.

We checked four people's support plans. All the care records included an individual support plan. The support plans seen contained details of people's identified needs and the actions and support required of staff to meet these needs. The plans contained information on people's life history, preferences and interests, so that these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

We found all the support plans we checked held evidence that reviews had taken place at least monthly, to reflect changes.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health, support and personal care needs and could clearly describe the history and preferences of the people they supported.

One person's support plans that we reviewed covered key areas of support required by the person, but one particular care plan surrounding the person's nutritional monitoring lacked detail. The care plan for weighing the person said that they required weighing every month, but gave no indication as to what to do if the person refused, which they were doing on a regular basis. The care plan therefore lacked detail. The care manager and registered manager were made aware of this. They said they had already independently identified this as an area in which practice could improve. They said the care plan would be amended immediately.

Staff and the registered manager told us they had started a process of 'refocus days' for people. These were described as an opportunity to be able to reflect on what has been good, effective or failing in their support to the person. The refocus is for all staff who work with the person, with invitations to relatives and professionals involved in the person's care. We were told that the care plans, risk assessments and management plans and health profiles were updated at the meeting, based on the discussions. The aim was for a consistent approach across the staff group working with the person. Staff told us they viewed these refocus days positively.

We found that two people were being assessed and prepared for a possible move into living in a more independent environment. One person said, "I think the home is responsive and changes things. I am excited to move into my own place. Plans are being made to help me move but I will need some support. I know which people I want to support me. It should happen within the next three months. There are lots of planning meetings. It's on-going." Another person said, "It's good. I want my own house. I am really excited. There is a meeting soon. I will have my own staff."

These were examples of good practice in responding to peoples changing needs and support

We observed the afternoon handover shift on one unit. All staff coming on duty to support people were in the handover, which was led by a senior support worker. The handover book, containing relevant information regarding people, was read through from the previous two days, which was the last time that one of the staff had been on duty. The handover process was a two-way communication, with support staff asking questions and making relevant comments. It covered all of the significant factors during the period discussed, which meant that staff were fully updated with people's assessed support needs.

We found a range of activities were provided, and these were based on people's individual interests. We saw some people getting on a mini bus and going to a sensory pod in Sheffield. One person was exercising on a trampoline and another person was in the garden area.

People told us, **"**I'm going to Meadowhall. Saved my money" and "I sometimes go to parties, I enjoy those." Another person said, "I like going shopping. I like clothes. I have saved up a lot of money. I do it all (shopping) myself. I

Good

Is the service responsive?

like going to the youth club, the YMCA and the Metrodome. I do Aqua Zumba there. It starts at 8.30 and I go on my own on the bus and last season I had a season ticket at Barnsley FC – don't know where I will be this year so haven't renewed it yet."

Three vocational support staff were employed at Low Laithes who supported people with activities, their interests, and college studies.

Low Laithes itself had many facilities for people and staff including a large hall, vocational kitchen where taster sessions, baking sessions and "come dine with me" nights were held. There was a ceramics café, woodwork workshop, arts & crafts studio, beauty therapy room and a garden with raised beds and poly tunnel and access to a workshop.

The village hall was used for zumba classes, gym club, table tennis, parties and theme nights e.g. jazz nights, live bands play and it is equipped with drums, music equipment and sensory lights that people can use.

We spoke to the owner of a Pets as Therapy dog who was visiting the service. These are owners and dogs who are part of a national charity that visit people in hospitals and other care settings. The dog gave people pleasure and a chance to cuddle and talk to them. The owner of the dog told us they visited weekly and how much people 'loved' the dog. They said one person particularly enjoyed walking the dog themselves.

One health professional told us, "When we visited [person] they were so engrossed in an activity they barely noticed I was there. They seemed content."

One staff member was pleased to tell us how 24 people had opted to be part of a horticulture programme. Ten people were being 'put forward 'for an ASDAN (Award Scheme Development and Accreditation Network) horticultural qualification.

We saw a bespoke 'easy read' version of the complaints procedure was included in the 'Service User Guide' which had been provided to each person living at the home and their relatives. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We found that a system was in place to respond to complaints. The registered manager told us that one complaint was on-going and was with the registered provider to investigate as part of the company's complaints procedure. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Good

Is the service well-led?

Our findings

The registered manager for the service had been in post for over six months.

As we walked around Low Laithes people knew the registered manager by sight and name and freely approached them and exchanged pleasantries and views about the service.

Staff said, “All the managers are visible and supportive” and, “The manager is approachable and firm, but fair.”

The registered manager said that one of their main priorities in the management for Low Laithes was the training of staff and improved retention of staff. They said this was being monitored and the turnover of staff had significantly reduced during 2015.

During our visit we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home.

There were mixed views from health professionals, some of which were historical, about the management of Low Laithes. Comments included,” On my last visit staff weren’t fully supported and trained in dealing with people’s very complex and behaviours that challenge”, “I felt there was a lack management, staff training and supervision” and “I am not aware of any concerns at present, we receive regular updates and incident forms from Low Laithes regarding our client. At [person’s] review earlier this year no concerns were raised.”

We spoke with staff. Staff were positive about the management and their work at Low Laithes. Their comments included, “Staff are so supported; I was welcomed as a new team member on this unit. I believe staff feel supported by managers as well as by their colleagues,” “This time last year not the best place, we are now getting there,” “I feel we make a difference,” “I love my job” and “Morale feels better, things are better.”

Members of the multi disciplinary team within Low Laithes we spoke with described suitable clinical and professional support networks that they linked into, both within the Hesley group and externally.

We found that there was a “Quality assurance and governance framework in place. Audits were undertaken as part of the quality assurance process.

Operational Performance and Monitoring’ reports were completed on a monthly basis. These included checks on care plans, medicines, recruitment and checks on the environment.

A single service improvement plan had been completed in June 2015, which covered the monitoring of complaints, risk, safeguarding incidents, staffing and recruitment and training updates etc.

All incidents and accidents which occurred were recorded and monitored by the registered manager and registered provider. Incidents were monitored on a monthly basis and an overview report was published highlighting trends of reported incidents and physical interventions. The report produced a breakdown of statistics to each individual so support and support plans could be influenced for each person.

The chief executive officer of the registered provider took part in quarterly family forum meetings. Minutes of these meeting were seen. These forums provided an opportunity for people to influence the management of the home and be kept informed about information related to the organisation and service.

People who used the service and relatives were asked for their views about their care and support and these were acted on. We saw that surveys had been sent to people and relatives in 2014. The returned surveys had been audited by the homes head office. The registered manager confirmed the anonymised responses and results of these surveys had been shared with people and their families.

Staff told us they were currently completing a staff questionnaire which they had returned to head office. They said they felt able to give honest feedback.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they also had weekly unit meetings and they felt able to talk with the registered and care managers when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and

Good

Is the service well-led?

procedures held electronically had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. A random selection of policies we checked were up to date and had been reviewed within the last 12 months. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.