The Hesley Group Limited

The Hesley Village

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Inadequate
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 16 and 17 November 2015 and was unannounced on the first day. The home was previously inspected in July 2014 and the service was meeting the regulations we looked at.

The Hesley Village is registered to provide accommodation for up to 80 people. The village is on the outskirts of Tickhill, near Doncaster. There are several houses and flats, set in extensive grounds, with shops, a cinema and a café. The village is for people with a learning disability and autistic spectrum disorder. Most people who live there have behaviour that can be challenging. At the time of our inspection there were 75 people living at the service.

The home did not have a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. The provider had appointed a new manager who had submitted an application to register with CQC at the time of our inspection.

Relatives we spoke with told us the service mostly provided good care and support. But had been struggling recently due to staffing issues. They told us the staff were caring, kind and respected peoples choices and decisions. However, staff did not always have the knowledge and skills to support people safely.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

There were adequate staff on duty to be able to meet people's needs, however, the high use of agency meant staff did not always have the right skills and knowledge to be able to support people appropriately. People who used the service did not consistently have the same group of staff to support them. This was due to the staff shortages, the constant changes in staff support could have a negative impact on people.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. However, in some areas of the service we found medicines were not administered following company procedures, which put people at risk of not receiving medication as prescribed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and people who used the service had been assessed to determine if an application was required.

People's needs had been identified, and measures were in place to determine how to meet their needs. However, we found these were not reviewed as specified and evaluations seen were not meaningful. This put people at risk of receiving care and support that did not meet their changing needs.

There was a robust recruitment system and all staff had completed an induction to the service. Staff had received formal supervision and annual appraisals of their work performance.

There were systems in place for monitoring quality, however these were not always effective. We identified issues and areas of concern that had not always been addressed or followed up to ensure continuous improvement.

The service had received a number of complaints since our last inspection, however, these had not been dealt with following the company's procedures to ensure people were listened to and their complaints acted on.

Staff we spoke with told us that all staff worked well as a team, but were that they struggling due to being short staffed and this was affecting the morale of the staff team. They felt supported by their immediate line managers, but felt the higher management team were out of touch with what was happening at their level.

We found 4 breaches of the Health and social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Inadequate

The service was not always safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people.

People's risks were identified in care plans and provided guidance on supporting people. However, these were not reviewed as specified.

Medicines were received and stored safely. However, people did not always receive their medicine safely.

There was enough staff to meet people's care needs. But staff did not always have the appropriate skills and experience to meet people's needs. There was also a very high use of agency staff.

Is the service effective?

Good

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

People were supported with their dietary requirements and had choice and involvement in meal planning.

Each member of staff had a programme of training and was trained to care and support people who used the service safely.

Is the service caring?

Good

The service was caring

People received kind and compassionate care. Staff communicated with people in a friendly and warm manner that reflected their communication needs. Relatives spoke highly of the permanent staff.

People were treated with dignity and respect and their privacy was protected.

We saw people who were able were involved in discussions about their care and we saw evidence of this in care files, although they were not person centred.

Is the service responsive?

Requires improvement

The service was not always responsive

Care plans provided staff with guidance on how to meet people's needs, but these were not reviewed or evaluated as specified. Staff involved people in activities that reflected their preferences; however, these were not always able to be facilitated due to use of agency staff.

Summary of findings

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors. We found the complaints procedure was not always followed to ensure people were listened to.

Is the service well-led?

Requires improvement

The service was not always well-led.

There was no registered manager in post. Although the acting manager had submitted an application to register.

There were systems in place for monitoring quality of the service provided. However these were not effective as they were not always followed.

Meetings were held for staff and people who used the service. The meetings also gave staff and people opportunity to raise any issues.

The Hesley Village

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 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 16 and 17 November 2015 and was unannounced on the first day. The inspection was undertaken by three adult social care inspectors, a specialist advisor in governance and health and safety and 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 service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service, This included notifications the home had sent us about information that could affect people's care. Due to concerns we received we had bought the inspection forward so we had not requested a Provider Information Record (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.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including five people's support plans. We spoke with ten people who used the service and seven relatives

During our inspection we spoke with 34 staff members, these included care managers, deputy care managers, team leaders, administrators, health and safety manager, head of policy, psychologists, speech and language therapists, occupational therapists, the deputy manager, the acting manager and the providers nominated individual. We also contacted three health care professionals after our visit by telephone to seek their views on the service provision.

Inadequate

Is the service safe?

Our findings

People we were able to talk with told us they felt safe. One person said, "I have been here about 12 years, it's better than where I was before. I feel safe in this flat." Another person told us, "I have been here a long time, it's good here, this is my flat, it's good, yes, I feel safe, and I get on with everybody, nobody I am frightened of."

Relatives we spoke with, thought the staff were good and felt enough staff were provided, but things had deteriorated over the last year. One relative told us, **"**I am not fully happy, it's a nice place and some of the staff are very good, but sometimes too many agency staff – getting more regular, it's now a problem. We have complained as there have been a number of incidents." Another relative told us, "My relative is safe, yes. But not happy about numbers of staff they have all the time, often he does not get his trips out due to lack of staff. He needs two to one to go out, often they simply do not have the second member of staff. Hesley try their best, but recruiting staff is hard for them and staff wages are too low, they are not attracting the right staff."

Staff we spoke with all commented on the use of agency and poor staff retention. One member of staff said, "We are short staffed; too much staff turnover. Lots of use of agency staff they let anyone in to, more pay required, higher standards need to be imposed in terms of appointing new staff, because of staff leaving it creates a situation where consistency of staff team becomes a problem for the resident. But at the end of the day I enjoy my job and it is brilliant here." Another staff member said, "Too many staff changes having a negative impact on the resident that I support, basic problem is staff wages too low for this work if they can pay agency rates why don't they pay us more?"

We looked at records for six people who used the service. Some of the files we checked showed that in the main people had received support from the same staff team. However, some files showed people had been supported by many different staff including agency staff. For example, one person over a 12 day period had 14 different staff supporting them during the day, this number increased significantly to included night support staff. This person's care plan clearly stated they needed consistency with staff to prevent behaviours that may challenge. Staff we spoke with told us people were having different staff support them and this was beginning to have a negative impact on people particularly with their activities. Staff told us, "If agency staff are supporting we cannot go off site and agency are not able to take people off site for activities."

A staff member also described how on some occasions agency staff would stand back when the person they were supporting with another care worker displayed behaviour that challenged. They said this was because they were not paid if they were injured, whereas permanent staff were. They said this could cause a problem as it left the other staff member to manage the situation alone.

The administrator told us that the service used a main agency staff provider with several others available should further staff be required. When asked how they made sure the agency staff who worked at the service had the correct skills and knowledge they told us they had met with all the agencies to tell them what skills agency staff would need to have. The administrator told us some agency staff worked at the service on a regular basis and they tried to ensure there was consistency. They said the service also had bank staff they could call on.

We looked at numbers of agency staff used. The administrator who managed agency cover told us, "We have always used a high number of agency workers in August and it usually decreases considerably by mid-September, but this year it doesn't seem to be doing that." We looked at agency staff used in August compared with agency staff used in October. We found that in August 2015, 409 shifts were covered by agency and in October 2015, 773 shifts were covered by agency staff. This had almost doubled when usually the trend was to considerably decrease. This evidenced the service was extremely short staffed.

We looked at staff leaving, we found in October 2015 14 staff had left and only two had been recruited. In September 2015 15 staff had left and only 11 recruited. We looked at six months figures for staff leavers and new recruits. We found that although high numbers were recruited, high numbers were leaving and a large proportion of leavers were unqualified support workers. We were told these were new inexperienced workers who had not worked long at Hesley Village. This showed the provider was struggling to retain staff.

Experienced staff we spoke with told us that the service was not retaining staff. One staff member told us,

Inadequate

Is the service safe?

"Management are not honest with new starters when they come for interview, they do not understand the management of behaviour that people present with. When they start work and are exposed to people that regularly have behaviour that challenges they can't cope with it and leave." This comment was reiterated by most staff we spoke with.

The number of staff employed did not enable sufficient numbers of suitably qualified, competent and experienced staff to be deployed to meet peoples care and treatment needs.

We received feedback from visiting health care professionals. One said, "Hesley have continued to try to maintain the team around the person I work with. This has not been without its problems, but Hesley have been open about the issues and demonstrated commitment to overcoming those issues." Another professional we spoke with told us, "One of the people I work with over a months period had a high number of different staff supporting them, this could have a negative impact on them."

We discussed the concerns about staffing with the provider who explained that they had identified the concerns and had recently seconded a member of staff into a new role looking at staffing, in particular how they could improve retention. They had also changed the recruitment systems and were implementing assessment centres. They told us this was work in progress and were hoping to ensure things improved.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the inspection we spent time with the clinical team including psychologists, speech and language therapists and occupational therapists. They all stated similar views that the management in the service was very supportive and working in the best interests of the people that used the service. However, they did also recognise that there was always room to improve and raise the quality of life for individuals that they support.

One of the psychologists stated "It is important that we are working closely with other staff, providing psychological assessments and support to the people that use the service and to the staff group itself." Staff we spoke with did acknowledge that since the clinical team had moved to shared offices they were more accessible and were seen more in the service providing good support.

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. They said they had received training in this subject as part of their induction and at refresher courses after that. Staff were aware of the company whistleblowing policy and their role in reporting concerns.

We looked at safeguarding records and found although they were documented no-one had been detailing them on the safeguarding record log and there were no action plans or lessons learnt completed.

The care staff we spoke with all demonstrated a good understanding of people's needs and how to keep them safe. One staff member told us the management team were always around, the management team they meant were the care manager, deputy care manager and team leader for their area, to offer guidance and support. They added, "The care plans are detailed. They tell us what to do and not to do." They discussed how they encouraged people to be as independent as they were able to be, while monitoring their safety. Staff told us that with permanent staff covering many shifts, and using staff who would not normally work directly with people supporting them, they were managing to ensure people's needs were mostly met. Staff told us this was becoming more difficult as staff were working a lot of hours and many of the people they supported regularly presented with behaviours that challenged.

We looked at medication administration systems and records in four areas Woodland View one and two and Lockett Gardens one and two. We found care files contained information about the medication people were taking. We saw 'How I take my medication' forms which included specific information about how best to support that person to take their medicines.

Staff spoken with confirmed that the service had a medication policy which outlined the safe storage and handling of medicines. The team leader on Woodland View described the process in place and showed us how the system worked. We saw there was a system in place to record all medicines going into and out of the unit. This included a safe way of disposing medication no longer

needed. Medication administration records [MAR] sampled had been completed appropriately with no gaps. Where a medicine had not been given the reason was recorded on the back of the MAR.

The team leader told us there was a process in place if anyone had to have their medication given covertly, this included best interest meetings. Where 'when required' [PRN] medication was prescribed there were PRN protocols in place to guide and inform staff. We were told an audit of all PRN medicines was undertaken ever month to make sure records were correct and to control stock.

A team leader said not all staff could administer medication. This had to be carried out by a designated person, such as a team leader. They described how the designated person could also order medication. They said other staff were trained to administer medicines but could not order them. A newly recruited care worker told us they were not allowed to administer medicines so we asked them what happened when they took someone out for the day. They said a staff member qualified to administer the medication would take the person out alone or would accompany them.

There was an audit system in place to make sure staff had followed the home's medication procedure. This was recorded on a separate form rather than on the MAR, as was medication ordered, coming into the home and being returned. The records sampled had been completed robustly.

However, when we checked medication in Lockett Gardens areas one and two, we found medication procedures were not always followed. We found the amount received was not recorded on the MAR and this was not signed by the staff member receiving the medication. There were no carried over amounts recorded and the amounts in stock did not tally with the amount received, minus the amount administered. For example, one person's medication showed 21 tablets had been dispensed by the pharmacist, four had been administered so therefore should have been 17 in stock, but we found 26 in stock. Nine tablets were in stock and unaccounted for.

We were shown stock sheets that we were told should be completed at the start of each four week cycle to determine the amount of medicines in stock and that the correct amount had been received from the pharmacy. The stock sheets we saw on this unit were very confusing as they had one typed amount in the stock level, which had been crossed out, and a hand written entry. Neither the typed or hand written entry tallied with the amount in stock on the four records we checked. For example, one person's stock sheet stated at the start of the cycle on 9 November 2015 they had 44 tablets in stock. When we checked the stock there were 58 tablets in stock, two had been administered on 11 November 2105, therefore the correct stock amount on 9 November should have been 60 not 44.

We also found on one person's MAR that a medication had not been signed for as given on 10 November 2015, a week prior to our inspection. This had not been identified or checked by staff. Therefore it was not clear if this had been given and not signed for, or not given as prescribed. We were shown the medication incident book and there was nothing recorded in it to evidence this had been identified.

Most people's care and support was delivered in a way that promoted people's safety and welfare. Six care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. However, these had not been reviewed in-line with timescales staff told us should be maintained. For example, one person who had moved into Hesley Village in October, had care plans that had been devised at their transition from July 2015. When they had moved in permanently these had not been reviewed and at the time of our visit the person had been at Hesley for four weeks and none had been reviewed. The care manager explained these should have been reviewed weekly in line with their policies and procedures to ensure any changing needs were identified.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they had completed training on how to manage behaviour that challenged and restraint.

They told us they rarely had to restrain anyone, but they had undertaken training in minimal intervention techniques. One care worker said, "I have never had to restrain anyone, but we can use procedures such as 'one touch support', there are different techniques we can use." Another care worker described how if someone might need restraining a care plan and risk assessment would be put in place to tell staff how they could do this. They said sometimes in an emergency staff may have to restrain someone without a plan being in place. They said if this

Inadequate

Is the service safe?

happened an incident report would be completed and a plan would be put in place as soon as possible. We did not see any evidence this was happening at the time of our inspection. Staff also commented it happened very rarely.

Records and staff comments indicated that a satisfactory recruitment and selection process was in place. The two staff files we checked contained all the essential pre-employment checks required. This included at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we found the checklist used to record when essential checks had been undertaken had not been consistently completed, which could lead to some checks being missed.

We spoke with two recently recruited care workers who described their recruitment and told us they had not been allowed to start working with people until all their checks had been completed. They said, “I had to go to an introduction day where they told me about the job, then as I passed I had to attend a second day for a full interview,” They added, “I wasn’t allowed to go anywhere on site alone until they got all my checks back, not even to the shop.”

Good

Is the service effective?

Our findings

When we observed the lunchtime meal and met people who used the service they told us that they were happy with the food and drink provided. Staff also told us people had good choices of meals. Care files included information about people's nutritional needs, their likes and dislikes. Staff told us each person had an individual diet and nutritional plan to ensure their needs were met.

We visited the bistro and shop within the complex where people could buy and eat their food. A member of staff explained how people who used the service had a budget which was put onto a swipe card so they could go and buy anything they wanted from the shop. Staff told us people could eat in the bistro or could choose to eat in their own accommodation. They said some people preferred to take the food cooked at the bistro back to their accommodation to eat, while other people liked to shop for and cook their own meals.

During our observations we saw staff listened to what people wanted and took time to make sure their needs and preferences were met.

People also confirmed that they had access to healthcare including doctors and dentists. Care files sampled showed that people were supported to maintain good health and had access to healthcare services. Care records indicated people had accessed outside agencies and health care professionals when needed.

Relatives we spoke with felt the permanent staff were very good, understood their relative's needs, but felt the lack of consistency with staff supporting people meant this was having an impact on people's needs being met. They told us that this was due to the agency staff being used did not always have the knowledge and skills to meet people's needs.

We found the permanent staff we spoke with were very knowledgeable on the needs of the people they supported. From observations it was clear staff responded appropriately to people and communicated effectively.

Two recently recruited care workers we spoke with confirmed they had completed a thorough induction which included three weeks training. This was followed by shadowing the team leader or experienced care worker until they had completed the care certificate booklet and were assessed as competent to work alone. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The care workers said their induction training had covered topics such as; health and safety, food hygiene, manual handling people safely, first aid and etiquette. When asked to explain what the etiquette training had included, they said it covered subjects such as how to speak to people correctly. They also said they had completed what they called, 'HELP', they described this as learning about technique's to use to manage certain behaviours people may exhibit.

One new member of staff told us, "I started in March 2015, I did 4 weeks induction, the training was in depth it was very good and then I was able to shadow the existing staff team to learn about good care and I also was given time to read through the care plan file." Another member of staff stated that they were supported by management to "Start at my own pace, no pressure was put on me to do anything different."

Other staff spoken with confirmed they had completed an induction which was followed by annual refresher training, as well as specialist training to meet their needs. For example, a team leader said they had completed further training about autism and a more in-depth course about the Mental Capacity Act. Staff also told us they attended training on how to manage behaviour that may challenge, including de-escalation techniques. The training records we were shown also confirmed staff attended regular training to update their knowledge.

Staff spoken with said they received regular support sessions and each member of staff received an annual appraisal of their work performance. A team leader said new staff competed a six month probationary period and in that time they received a supervision session more regularly to offer additional support. One staff member said, "We get regular support sessions, about three a year plus an annual appraisal, but it's made clear that you can request extra formal or informal supervision when you want them." The clinical staff received two different elements for supervision, they receive professional support and also individual support with the cases that they were working with.

Good

Is the service effective?

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 Act 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 MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so.

Care files checked demonstrated that people had given consent to their care, and where people did not have the capacity to consent the requirements of the Mental Capacity Act had been followed. Care staff spoken with had a general awareness of the Mental Capacity Act 2005. They told us they had received training in this subject during their induction to help them understand how to protect people's rights and this was confirmed in the records we checked.

Senior staff understood their responsibilities under the Mental Capacity Act 2005. Senior staff were also aware of the Deprivation of Liberty Safeguards. We found that the necessary consideration and consultation had taken place. Approximately 95% of the people that used the service were affected by Deprivation of Liberty Safeguards. We looked at the DoLS information for twelve of the people that used the service. These were all up to date and had been regularly reviewed to assess their need and effectiveness. The assessments were mostly made in in terms of the use of support for people whose physical and mental capacity conditions prevented them from providing informed consent. This included going out in the community, medication and interactions with other people.

Staff we spoke to stated that they all worked together in the best interests of the people that used the service. The psychology department are, in future, planning to become part of the pre-admission assessment team, this would help to make sure that the person being assessed would have received a more comprehensive assessment of their needs before they are offered a place at the service.

Many of the people that used the service had a dual diagnosis of learning disability and mental health problems. A psychiatrist visits the service one day every week to speak to individuals that required their support and to liaise with the staff group and help to support care plans and risk assessments. The people that used the service also had access to other health and social care professionals. There were two people identified that had difficulties attending GP practice due to their challenging behaviours. The staff team had negotiated with the local first responders team to access these people when they have health requirements and this had proved to be less challenging for them and was more supportive of their individual needs.

Staff were positive about the range of training opportunities available to them. One member of staff said to us, "The training is very good, I need to train to keep up my registration, I have only been here a couple of months and have already more than doubled what is expected in training for this year." Staff stated that the service was now concentrating on 'a more person centred approach to training'.

A health care professional we spoke with emailed us their views of the service. They told us, "The staff I have worked with have been knowledgeable, and have developed a good understanding of how to support the person to meet their health needs. Over the period of time they have supported the young person they have developed competent support, and have managed to support him to develop self-management strategies that have reduced the need for environmental modifications to reduce the risk of harm through self-injury. On each occasion I have visited there has been sufficient staff present to support the person. Both staff and management have been open to advice and support and have complied with our requests, advice and suggestions. Hesley have consistently managed to maintain a good working relationship with the person's family, supporting contact. The staff team supporting the person I am linking with, are a small team, and though continuity has been challenging, have managed to meet their needs."

Good

Is the service caring?

Our findings

We saw staff supported people in a caring and responsive manner while assisting them to go about their daily lives and take part in social activities. We saw staff were dedicated to the person they were supporting so were available to provide hands on care and support as required. We saw staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted.

On our tour of the site we saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and dignity and privacy were seen to be respected and people living at the home.

We spent time with people who used the service and staff who supported them throughout the day and saw staff treated people with respect in a kindly and compassionate way. When we were speaking with people it was clear that they were very well known as individuals to the staff support team around them.

We observed many positive relationships between staff and people they supported that were based upon mutual respect. We also observed that people's privacy and dignity was considered and respected by the staff team.

We also spoke to relatives on the phone to gain their views and feedback. One relative told us that they were not as involved in their care plan as they would have liked. We found some evidence of what and who was important to the person and people's needs and preferences were recorded in their support files in good detail. However, there was a lack of evidence that person centred plans were being driven by the people who used the service or their relatives. This was a documentation issue and was discussed with the provider who agreed the documentation in the care files could be more person centred and should show the involvement of people. They also told us they would be reviewing the care files to provide an overview of care needs and would document evidence to show involvement of people, if they were able, and their relatives or advocates.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. One care worker told us they felt the care provided was very person centred. They added, "Everything is for them and arranged round them [people using the service]."

People were given choice about where and how they spent their time. We saw staff enabled people to be as independent as possible while providing support and assistance where required.

Staff we spoke with gave clear examples of how they would offer people choice and respect their privacy and dignity. One care worker said, "I always knock on people's doors and offer them privacy when they are having a bath if possible." They added, "It's important not to shout or make a fuss, like if someone is incontinent." Another member of staff demonstrated a good awareness about meeting people's individual religious and cultural needs.

We saw an independent advocacy service was based at the service several days a week. Advocates can represent the views of people who are unable to express their wishes.

Each person had their own accommodation, which we saw was individually personalised by bringing in personal items and family pictures.

Requires improvement

Is the service responsive?

Our findings

During our visit we observed staff providing care and support to people who used the service. We observed this was personalised and responsive to their needs.

Relatives we spoke with told us most staff responded appropriately to people's needs but the high use of agency staff was making things very difficult. Relatives had raised concerns with the management team and the provider, but the relatives we spoke with did not feel they were being listened to.

One relative said, "My (relative) does have agency staff with him and I did phone and complain a few weeks ago, but I don't think that they really listened to me." Another relative told us, "I am sad that my (relative) looks like a 'bag of rags' in his clothes I talk to them (staff) about this but I don't feel listened to about this."

Another comment from a relative was, "I have had to work hard to get them to respond to my request for my (relative's) room to be refreshed they were a bit slow to get this done also some of my (relatives) things have gone missing and a bit upsetting for me."

Relatives told us they were able to visit anytime unannounced. The care manager who showed us round the service told us that they had overnight rooms available for use by relatives who lived a long way from Hesley Village, this meant they could come and visit and not have to travel back the same day.

Care records we looked at evidenced that needs assessments had been carried out before people moved into the service and they and their relatives had been part of that assessment. Staff told us that care managers completed initial assessments and information was gathered from families and the person's last placement. They said multidisciplinary meetings were also held involving all grades of staff and professionals involved in the person's care.

Each person had two care files, one that contained care plans and risk assessments, and a second file about their health care needs. In both files we found there was a lot of repetition, which made it difficult to find information quickly.

Both care files checked contained in-depth information about the areas the person needed support with and risks associated with their care. We found where intervention by staff was needed, a support plan had been put in place along with details about how staff could minimise any identified risks. However, in all files checked, care plans and risk assessments had not been reviewed and evaluated on a regular basis to see if they were being effective in meeting people's needs and goals. For example, staff told us care plan reviews should take place at least every six to eight weeks, but one person's records had not been reviewed since February 2015. Where reviews had taken place the entries were not meaningful as they did not fully evaluate the effectiveness of the care plan.

Care files contained information about people's preferences, and about what was important to them. However, it was difficult to access information quickly and there was no pen picture information at the beginning of the file to tell staff about the person, their main needs and their preferred routines. This meant that new staff and agency staff did not have easy access to important information they needed to know about straightaway. In one file we found a 'task sheet' which outlined the person's main needs, but it was not at the front of the file where staff could easily access it.

We saw a journal was completed daily by staff which outlined which staff had supported the person over a 24 hour period and how they had spent their day.

The service has expanded the clinical team including psychology and speech and language departments, this will mean that they would be more available to offer support to people that used the service and the staff that worked there. The psychologists stated that they are hoping to expand the department even further and introduce additional assistant psychology positions. They said that the service had recognised that previously there were insufficient clinical support workers to support the needs of the people that used the service. Each morning each sector of the service had a team meeting and this was also now attended by people from the clinical team. This helped to ensure that the staff team were working closely together and all understood the individual needs of the people that they were supporting.

A psychologist also stated that due to the difficulties faced by people that used the service, the staff, or other people who used the service could be injured, therefore they are looking at better ways to support people that have suffered an assault at the service.

Requires improvement

Is the service responsive?

The service offered a wide range of social and learning activities within the care village. During a tour of the facilities we saw there were beauty and hair salons, a supermarket, a post office and bank, a cinema, a bar and a 'village hall' where communal activities took place. We saw there was 'field study centre' and horticulture area where people could go fishing, garden or grow vegetables. Staff also told us about a vocational centre which included a training kitchen and a music room.

We saw there was a wide choice of activities people were involved in, this included days out with their allocated staff member or in small groups. Records and staff's comments showed they had participated in activities such as shopping trips, visits to watch rugby matches, computers, arts and crafts. We also saw some people were involved in cleaning their accommodation and cooking meals. Staff told us although activities were organised off site this was not always able to be facilitated due to the use of agency staff. They explained agency staff were not able to go off site.

The provider had a complaints procedure which was available to people who lived and visited the service. We saw a system was in place to record any complaints received and the outcomes. However, the complaints file we saw had not been updated and did not contain all the information expected. The acting manager told us they intended to update the file but had not had time to do this.

At the front of the file was a log sheet which showed that listed the complaints received. Most were for 2014 and had been resolved. However, we found there was no information in the file about the three complaints logged between April and July 2015. The file also contained loose papers which showed that at least three other complaints had been received since July 2015 that had not been logged. In most cases the company's front sheet for complaints had not been completed to provide information about the complaint and to track the progress undertaken to investigate and resolve the concern. The loose paperwork included letters received and the responses sent by the company, but the information was not consistent. For example, one concern raised in September did not have an outcome. In another case there was a letter giving the outcome of the provider's investigation, but the details of the initial complaint were missing.

The management team told us the file should contain the details of all 'official complaints'. When we asked what this meant it was explained that minor complaints were logged on the computer, but not included in the complaints file unless they required an investigation. We saw a list of these concerns, some of which was felt to be a complaints, but had not been included in the complaints file.

Information we received from speaking with relatives was that they had raised concerns and complaints. However, they did not feel these were being taken seriously or that they were listened to. The lack of documentation, outcome and action taken recorded within the complaints files and comments we received from relatives showed us that the management of complaints received was not effective and lacked a systematic approach.

This was a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager who had been registered with the Care Quality Commission. The provider had appointed a new acting manager who had submitted an application to register.

Throughout the visit it seemed that the new acting manager did not have a full overview of how the service was operating. The staff structure meant that different departments were responsible for different areas, such as human resources, health and safety and governance. However, the acting manager was not monitoring that all areas were operating effectively.

Although there were systems in place to assess and monitor the quality of the service provided at the home with corporate monitoring, we found these were not always effective. For example, we found the review of care records were not in line with the provider's policies, ineffective management of complaints, safeguarding records were logged but there were no actions or lessons learnt completed. Also the shortfalls we found regarding medication had not been identified through an effective monitoring system to ensure improvements were identified and implemented in a timely manner and risks were effectively.

We found it difficult to access some of the information that we requested because we were directed to various 'departments' to access the required documentation. The new acting manager was not able to provide a composite set of records, for example, accidents, incidents, audits, leaving us to liaise with various other team members including those located within 'Head Office'. This did not give us reassurance that the new manager who had applied to be registered, had oversight of the quality of the service provided.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with were complimentary about their immediate line management team saying they enjoyed working at the service. One care worker commented, "My morale is high. Everything is okay for me. I love working here." Another care worker said, "Morale is low." When asked why they thought this, they said it was due to staffing problems. However they said they felt well supported by their care manager.

When asked what was good about working at the service one care worker said, "The people who live here. They added "It's a good team on my area, but a lot are leaving." When asked why staff were leaving they said they felt too much time was spent on new staff and the experienced staff 'were just a number'.

When we asked staff if there were any areas that could be improved most said staffing. They all felt the higher management level didn't know what was happening 'on the floor', Staff said, "They were out of touch". Staff felt they weren't valued or respected by higher management. By this they meant management level above care co-ordiantors as all staff felt supported by their immediate team. However, some staff were happy in their roles. One care worker told us, "Nothing needs improving, I've never not been happy here. The team leader is great. Excellent training and a good team so it works well."

We spoke with two psychologists, two speech and language therapists and an occupational therapist. They all spoke very positively in relation to their manager and stated that the senior manager of the service was "Very supportive and approachable". One person said when they recently moved office "The service manager helped me to move everything over to the new office".

The clinicians spoken to by us stated that the service was changing for the better and was focusing on "Risk assessment, and move from responsive interventions to a more pre-emptive assessment of need". This would include looking at the appropriate assessments for sensory diets, conflict models, and clearer awareness of individuals responses to different situations. The new assessment processes would also include questions such as "How do we capture the quality of life".

The executive team were aware of the staffing issues and had put an action plan together and the provider described what steps were being taken to address this. These included that a staff member had been seconded into a new post to look at staffing and retention. They had also set up assessment centres to try to increase recruitment.

Requires improvement

Is the service well-led?

We were told staff meetings took place around four times a year and in the past a staff survey had been used to gain their opinion. Staff told us a parent's forum and surveys were used to gain people's opinion of the service.

Were viewed the 'Overview of Feedback From Family Carer Questionnaire' conducted in August 2015. We found that 81 questionnaires were sent out with 40 having been returned. This was a total of 49%.

There were nine key questions in the questionnaire. Each one was analysed and specific comments were noted, both positive and negative. Question five referred to safety and relatives have responded positively to this. However, there was a statement, 'Some relatives indicated that they were concerned about staffing levels, about incidents involving people who used the service and about the level of monitoring at night. This was supported by a statement in question one in relation to involvement and choices whereby it is stated in relation to choices, 'are limited by the choices that staff make for them, especially when supported by unfamiliar staff.' Staffing is referred to again in question eight where relatives have stated they 'did not feel that consistent staffing was always provided.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People did not always receive care and treatment that met their needs. Care plans and risk assessments were not always evaluated or reviewed. Medicines were not always administered as prescribed and procedures were not always followed to ensure proper and safe management of medicines.** **Regulation 12 (1) (a) (b) (g)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **There was not effective systems for identifying , receiving, recording, handling and responding to complaints.** **Regulation 16 (1) (2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **People were at risk as the monitoring systems in place were not always effective to ensure people's safety.** **Regulation 17 (1) (2) (a) (b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

People were not always supported by suitably qualified, competent and experienced staff and staff were not always deployed to ensure people's needs were met.

Regulation 18 (1)