

The Hesley Group Limited

The Hesley Village

Inspection report

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Ratings

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

Summary of findings

Overall summary

The Hesley Village is registered to provide accommodation and personal care 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 people on the autistic spectrum. At the time of our inspection there were 75 people using the service.

This inspection took place on 23 January 2019 and was unannounced. At our last inspection in June 2016 we rated the service overall as good. At this inspection we found the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and ongoing monitoring which demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service was developed and designed before the guidance, Registering the Right Support came into being. However, the service worked to make sure it was run in line with the values that underpin this and other best practice guidance. These values include choice, promotion of independence and inclusion.

There were enough staff to meet people's needs. Staff retention had improved and with this, the need to use agency staff had decreased. There were effective systems in place that helped make sure people's medicines were managed safely.

People were protected from abuse and avoidable harm. Staff had received training and were confident to raise any concerns they had.

Staff had received training and understood their responsibility regarding the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed when planning care. Staff confirmed they asked for people's consent before providing care and they respected and promoted each person's choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

Care planning was person centred, with detailed records of people's preferences. People were supported to access the local community. Complaints were responded to appropriately.

Quality and safety management systems were effective. There was evidence of continuous improvement. Systems were in place to gather feedback from people and their relatives. The service worked in partnership with other agencies and followed up-to-date legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service had improved to good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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 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 January 2019 and was unannounced. The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection visit we gathered information from a number of sources and looked at the information received about the service. This included feedback we had received from people's relatives and notifications the service had sent us about incidents that affected people's care. The provider completed 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.

We also contacted the local authority, service commissioners and social and health care professionals who were involved in and monitored the care of people who used the service. All feedback was positive about the service..

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 people's experience of the service. We looked at documents and records that related to five people's care and support, including people's assessments and support plans. As some people were unable to verbally communicate their opinion of the service they received, during the inspection we also spoke with five relatives by telephone to seek their views about the service.

We looked at medication records, a range of audits, minutes of meetings including forums for people who used the service, relatives' meetings and staff and governance meetings. We reviewed staff training and recruitment records, complaints and safeguarding records and records of routine maintenance and health and safety checks, such as electrical safety and legionella checks.

We spoke with nine staff members, this included four support workers, the rota manager, the head of the clinical team and a health and wellbeing facilitator, the assistant general manager and the registered manager.

We also spoke with a visiting social care professional and an independent advocate during the inspection visit.

Is the service safe?

Our findings

People's care and support was delivered in a way that promoted their safety and welfare. The care files we looked at included records to monitor any specific areas where people were more at risk. Plans explained what action staff needed to take to manage these risks. Assessments were reviewed to ensure any changes in people's needs were identified. The support staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They discussed how they encouraged people to be as independent as they could be, while monitoring their safety. One person said, "I feel safe living here and feel very happy."

When risks had been identified relating to behaviour, which may be perceived as challenging, there was clear guidance in people's plans to help staff to support people effectively. The staff we spoke with showed a good understanding of the people they supported and their needs in this area. The registered provider was also training staff in Positive Behaviour Support (PBS). The PBS system involves trying to understand the person and the reasons behind their behaviour. To outline strategies which responded to the person's needs, to reduce or eliminate the use of restrictive practices and to implement a personalised system of support to improve people's quality of life.

There were enough staff to keep people safe and meet their needs. People were often funded to receive support on a one to one or two to one basis and this was provided by small teams of support staff. The support staff we spoke with told us staff retention had continued to improve since the last inspection. They said there were a number of reasons for this, including higher standards at the recruitment and selection process, improved information provided to new staff during their recruitment and induction and improved pay and conditions. They confirmed that the service had bank staff they could call on, who knew people well. The registered manager confirmed they had worked hard to bring improvements to recruitment, selection and retention of staff.

Staff said that although some agency staff were used to provide staff cover, the need for this had reduced significantly. They added that when agency staff were needed, wherever possible, the same agency staff were used, to help with consistency for the people who used the service.

A suitable recruitment and selection process was in place. Relevant background checks had been carried out for applicants, which included taking references and contacting the Disclosure and Barring Service (DBS). We saw these checks had been carried out before staff started working in the service. These systems helped to make sure people were cared for by staff who were suitable to work with vulnerable people.

Staff received training in safeguarding people as part of their induction and received refresher courses on a regular basis. The support staff we spoke with demonstrated a good knowledge of safeguarding people. The registered manager understood their responsibilities in promptly reporting concerns and taking action to keep people safe. The service kept detailed records of all safeguarding concerns reported and provided CQC with regular updates on the outcomes.

At the last inspection we saw that people's medicines were managed safely throughout the service and this continued to be the case. The assistant general manager showed us how any shortfalls regarding the management of people's medicines were identified through an effective monitoring system. We saw where improvements were identified, remedial action taken in a timely way and risks were managed effectively.

Staff knew what to do in the event of a fire, fire risk assessments were in place and people had detailed personal emergency evacuation plans. Certificates for maintenance of the buildings and equipment were up-to-date.

During our tour of the premises we found them to be clean and tidy and very well maintained. Staff were aware of infection prevention control and had an ample supply of personal protective equipment (PPE) to enable them to safely carry out their duties.

Is the service effective?

Our findings

Staff understood people's social diversity, values and beliefs and these aspects of their care and support were planned in partnership with them, appropriate health professionals and other outside agencies. People were supported to have access to community healthcare services for support, when required, such as GPs, mental health services, dieticians, epilepsy nurses and physiotherapists. The service also directly employed a 'therapeutic team', made up of clinical staff including psychologists, occupational therapists, speech and language therapists and qualified nurses, who were employed as health and wellbeing facilitators. The clinical team had regular meetings to ensure the staff team were working closely and understood each person's individual needs. We found that a number of people were being supported to take part in a desensitisation programme to help them to be less anxious when attending doctors and hospital appointments.

The records we saw showed the service supported people to have a balanced diet, and with any dietary requirements related to their choice, health and culture. Support was provided to each person with menu planning. The service supported any preference people had about values, culture or beliefs, such as vegetarianism. Records we saw showed people were given good advice on healthy eating and healthy life choices. People were encouraged to have active lives that included good levels of exercise.

We found staff were appropriately supported through a robust induction, as well as ongoing training and supervision. The induction for new staff included three weeks of classroom training and one staff member told us, "New staff always have time to get to know the people they will be supporting and the experienced staff are good at providing information and advice."

The training records showed a high completion rate and future training was planned. Staff told us they received effective supervision and appraisal support on a regular basis. New starters received additional formal support to help ensure they settled in to their role. Staff spoke positively about the range of training opportunities available to them.

Staff were also kept up to date with changes to legislation. For instance, all staff we spoke with were aware of their responsibilities under the new data protection laws and the provider had taken steps to meet this requirement.

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.

Mental capacity assessments we saw were decision specific. Where needed, best interest decisions had been made on the person's behalf. Support staff we spoke had a good awareness of the MCA. They told us they had received training to help them understand how to protect people's rights. Staff said people were

routinely offered choice. They told us some people were unable to verbally express their needs and preferences and often used other means, such as signs or gestures to indicate their choices. Staff said they also spoke with people's relatives to gather information about people's preferences.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Most people either had a DoLS authorisation in place, or an application made to the local authority. Where conditions to the DoLS were in place the provider was meeting the conditions.

Is the service caring?

Our findings

The staff we spoke with demonstrated a very good knowledge of the people they supported. One staff member told us, "You can tell staff genuinely care about the person we support." Staff gave good examples of how they made sure people's privacy and dignity was maintained and spoke about people with respect. Staff told us they enabled people to be as independent as possible, whilst providing support and assistance when required. People were given choice about where and how they spent their time.

All the relatives we spoke with felt that staff were kind and caring. One relative said, "My honest opinion is they have broadened my [relatives] horizons, the staff are absolutely wonderful caring and attentive" Another relative said, "Great care always contact us and keep us up to date I don't have any concerns and it's an ideal place." This was echoed in the feedback we gained from people who were using the service, comments were, "I am happy with everything I like my keyworker." "The staff make me happy." And, "The carers really look after me." People we spoke with told us they were happy living at The Hesley Village. One person said, "I like living here, I like card making and doing my jigsaws, I enjoy watching TV. Today I am riding my bike to the shop. I have been to see the nurse to have my blood pressure taken and I have joined slimming world and doing really well." Another person said, "It's good living at Hesley and I get on with the staff they look after you well. They are friendly and I wouldn't change anything. I wash up, clean, polish, and enjoy housework. When I go shopping I can pay myself."

It was clear that the service had undertaken a lot of work to make sure documentation in people's care files was person centred. This showed people's involvement in decisions about their care and support, and that of their close relatives or advocates. We saw that people's likes, dislikes and what was important to them was very clearly set out in people's plans. The assistant general manager told us this work was ongoing, with further improvements planned. The service also produced accessible information to help engage and involve people in planning their support and in making and communicating their choices.

People's equality, diversity and human rights were considered and we saw this in care planning. For example, people and their representatives could request the gender of the person they received care from. People's sexuality was respected by staff, we spoke with and they described appropriately the action they would take to support people in this area. The staff members we spoke with also demonstrated a good awareness about meeting people's individual religious and cultural needs. We saw staff had received training in equality and diversity.

Information on advocacy services was on display and these services were being routinely accessed by people. An independent advocacy service was based at the service several days a week. Advocates are independent people who assist people in decision making and can represent the views of people who are unable to express their wishes.

Is the service responsive?

Our findings

People's needs were assessed before people moved into the service, and they and those close to them were part of this process. People's care files contained information about their preferences and what was important to them.

The care records had been improved to make it easier to access information quickly and included summaries of key information about the person. This meant new, bank and agency staff had access to important information they needed to know straightaway. The care and support plans we saw were clear, detailed and person-centred. They included a breakdown of people's preferred routines and the support they needed with specific tasks. Staff told us they were required to read the care plan for a person before they provided any care to them.

People had hospital passports. These are used to pass on key information about people's health as well as other important information between services. People and those close to them were involved in developing end of life care plans. The service had end of life 'champions' who had an interest in this area and promoted good practice.

The service worked in partnership with local GP's and other health professionals to regularly review and assess medicines in line with stopping over medication of people with learning disability (STOMP). STOMP is an NHS-led campaign and is about making sure people get the right medicine if they need it. It encourages people to have regular medicine reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. The service could show us how this had had positive life changing impact on the lives of the people supported.

In addition to staff handovers between shifts, each morning there was a meeting attended by senior members of each of the care, clinical and ancillary teams. This helped to make sure the whole staff team were working closely together and all understood what was current and important to the people they were supporting.

The service offered a wide range of social and learning activities within the care village. There was a beauty and hair salon, shop, post office and bank, cinema, a bar and a 'village hall' where communal activities took place. A 'field study centre' and horticulture area where people could go fishing, gardening and growing vegetables were also available. A vocational centre included a training kitchen and a music room. Records and staff's comments also showed people participated in a good range of activities in the local community.

We looked at the record of complaints and found complaints had been well managed. Details of the complaint and resulting investigations were kept and we saw evidence of the responses provided. We saw evidence of action taken to address issues raised and, where appropriate the service apologised for any shortfalls. For instance, where one relative was dissatisfied with the service, there was evidence which showed the service responded positively, to make sure they were properly consulted and steps were taken to make the necessary improvements.

The Accessible Information Standard (2016) requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People had very detailed assessments and plans to support them to communicate using methods that suited their needs. This included the use of Makaton. Makaton is a way of using signs and symbols to help people communicate. The Makaton sign of the month was decided by people who used the service, at their forum meetings. Everyone then practiced that sign, including the senior management team, at their meetings. The service also had a Makaton choir.

Is the service well-led?

Our findings

The service had a registered manager, who had been in post for several years. Throughout the inspection it was evident that they had 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. The information we requested from various departments was provided quickly and efficiently. The registered manager could provide composite records, showing that they had oversight of the service. The registered manager told us this was because they had access to a clear electronic information system which enabled them to monitor how all areas were operating.

Staff told us they had regular team meetings and staff surveys were also used to gain staffs' views. There was a forum attended by people who used the service and we saw the minutes of these were provided in an easy read, pictorial format to help to include and engage people. A parent's forum and surveys were used to gain relatives' opinion of the service. All the information and views gathered fed into the development plans for the service.

The assistant general manager showed us a programme of quality and safety audits which covered, for example, medication, health and safety and accidents and incidents. Action plans reflected shortfalls were identified and effectively addressed in a timely way. Governance systems were well organised, effective and supported continuous improvement. Learning from feedback, complaints, and accidents and incidents was shared throughout the service.

Without exception, the staff we spoke with were very enthusiastic about their work and said they loved working in the service. Most support staff we spoke with were complimentary about their line managers and told us there had been improvements made in the support provided to them after they dealt with any challenging situations. Although, a small number said there was still, sometimes room to improve the debriefing and support they received after incidents.

The members of the clinical team we spoke with were very enthusiastic and committed to continuous improvement and promoting innovative practice. They described work they were undertaking to ensure people who used the service had equal access to healthcare services in their community. There was evidence of very good outcomes for people, including some people who had previously been reluctant to attend appointments or accept medical treatment. We were also told of work undertaken with local shopping centres to promote awareness of the needs of people with autism and how this had resulted in better facilities being developed for people with autism while shopping in the local community.