

The Hesley Group Limited

# The Limes

## Inspection report

off Tickhill Square  
Stainton Street  
Doncaster  
South Yorkshire  
DN12 4AR

Tel: 01709861663

Date of inspection visit:  
22 April 2021  
05 May 2021  
24 May 2021

Date of publication:  
18 June 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Limes is a care home providing accommodation for up to 12 people, with learning disability and autism. The home is purpose-built accommodation provided in four shared flats with facilities. At the time of the inspection there were six people living in the home.

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

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

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- The setting was community based and people were able to access their local community, nearby shops and services.

### Right care:

- Care and support was person-centred and promoted people's dignity, privacy and human rights. People were supported in the least restrictive way and education and learning was promoted.

### Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service were leading confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published April 2020).

### Why we inspected

We received information of concern in relation to two other services run by this provider. These included concerns to people's safety, staff culture and governance. A decision was made for us to inspect and examine those risks at all of the provider's ASC locations, to see if these concerns were repeated. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Limes on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Limes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two 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 care service.

#### Service and service type

The Limes is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. To be a registered manager would mean 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 manager who was in post had applied to be registered manager.

#### Notice of inspection

An unannounced Inspection site visit took place on 22 April and was unannounced. A second visit was undertaken on 5 May 2021. We gave the service 24 hours' notice of this visit so staff could explain to people about our visit and ask people if they wanted to talk to us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

The inspection activity started on 22 April and was completed on 24 May 2021.

During the inspection site visit on 22 April we toured the building and spoke with the registered manager, deputy manager and a team leader. The regional manager attended during the visit, providing information and support. We also saw the written records, risk assessments and care plans for one person and the personnel and recruitment records for two staff.

We spoke with four people's relatives by telephone about their experience of the service. We returned to the service on 5 May and spent time talking with five people who used the service and observing their interaction with support staff. This helped us understand the experience of people who could not talk with us. We spoke with a further seven members of staff including team leaders and support workers.

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

#### After the inspection

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's system for safeguarding people was effective.
- People we spent time with indicated they felt safe living at The Limes. One person said, "Nice staff, that look after me all the time."
- Staff told us they completed training in safeguarding people and knew what action to take if they needed to.
- We observed that staff were very respectful of the people, knew them extremely well and were able to communicate with people using their preferred methods. People looked to staff for support when needed and were able to express their views openly and freely. There was no indication that people feared speaking out.

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

- We found risks associated with people's care and support had been identified and were managed to keep people safe.
- People had personalised risk assessments and care plans and risk assessments. This included clear guidance for staff to follow for each person to help reduce risks and keep people safe.
- Environmental risks had been assessed and monitored and environmental safety checks were carried out.
- The service held 'debrief meetings' after incidents, such as when restrictive interventions were applied as part of a person's support plan. This both supported people to talk about their experience, and encouraged staff to reflect on their practice. This ensured a continued focus on reducing restrictive interventions and supporting people in the safest way possible.
- Accidents and incidents were recorded and analysed, so themes and trends were identified to help mitigate risks. The registered manager was keen to ensure lessons were learned when things went wrong. They used learning positively, communicating this to staff in a clear and timely way.

Using medicines safely

Prior to the inspection we received concerns about medicines were managed.

- We found this was an area of practice that was well managed and monitored.
- Clear protocols were in place to guide staff where people were prescribed medicines to be given as and when required.
- Staff who administered medicines received competency checks to ensure their training was effective and medicines were administered safely and following policies and procedures.

## Staffing and recruitment

- We found there were enough staff available to meet people's needs safely. Staffing levels were assessed on an individual basis, and people received at least one to one staff support.
- No one we spoke with said there were issues with staffing levels although, one relative felt there was a need for male staff.
- Some staff said they had to work particularly very hard throughout the last year, because of the lockdowns and restrictions associated with the COVID pandemic, and they would have liked more recognition from the managers.
- Each person was allocated a core staff team, so the same group of staff provided a person's support. Staffing was organised so people were supported by their core team. Although the service was sometimes using agency workers, the same workers were used, so people received continuity of care.
- Recruitment checks continued to ensure staff were suitable to work with the people they were supporting. The service focussed on providing people with the right staff for them, based on people's preferences and interests. Staff with compatible preferences and interests were matched to people as part of their core support team.

.

## Preventing and controlling infection

- We looked at how infection prevention and control was implemented and found people were protected from the risk and spread of infection.
- The building was clean and fresh throughout and one person's relative commented, "It's spotless; I wish they would come and clean mine!"
- The provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- The provider was making sure infection outbreaks could be effectively prevented or managed and the infection prevention and control policy was up to date We were assured that the provider was admitting people safely to the service and using PPE effectively and safely.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found the provider and management team had good oversight of the service.
- The registered manager and wider leadership team had a good understanding of their roles in ensuring good governance and compliance with legislation. Systems and processes for audit, quality assurance, and reviewing and questioning practice were effective. Organisational learning from audits and incidents were shared throughout the provider's services
- The quality and safety checks and audits completed in the service were effective in identifying and addressing shortfalls and concerns.
- The registered manager, who had been in post around fifteen months, told us they were well supported by their line manager and the in-house senior team.
- The registered manager was aware of their responsibilities in relation to the duty of candour. They were also clear of the requirement to notify CQC of all significant incidents and concerns.

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

- The management team in the service were keen to promote a person-centred culture. It was also clear they encouraged learning lessons to support improvements in the service.
- The service had seen a challenging period related to the Coronavirus pandemic. However, staff we spoke with were optimistic. They felt that as a team, they supported each other and were working well together.
- We saw people were encouraged to make decisions and speak for themselves. Where staff were called upon to make decisions about people's care, this was undertaken thoughtfully and appropriately recorded.
- Staff had people's best interests at heart and wanted the best for them and openly talked about trying to make improvements to people's lives, as they were very aware of the impact that the pandemic restrictions had made to the quality of people's lives. They continued to look for ways of lessening the impact on people by facilitating more activities within the service.

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

- The atmosphere was welcoming and inclusive of people's diversity. People, and those close to them were regularly asked about their satisfaction with the service, in day to day conversation, regular meetings and via annual surveys.

- Feedback from people, their relatives, professionals and staff had been documented and there was evidence to show the actions taken to improve the service based on this feedback.
- During the Coronavirus pandemic communication with people's relatives had more often been by telephone or online, and by video calls. This helped keep relatives updated about what was happening for their family members.
- Two relatives' comments included, "No issues whatsoever. It's absolutely fantastic, I don't want [person] to leave there to be honest" and, "I think the fact that they have their own training and can respond to things quickly. Hesley has their own health professionals, so the response is much quicker; outcomes can be much better." There were some areas two people's relatives told us about which they felt needed to be improved for their family members. There was evidence the management team were fully aware of these issues and was addressing them in positive and thoughtful ways.
- The pandemic had caused a need to improve the staff facilities in the building, including freeing up physical space for staff handovers. This was taking a long time. Some staff also told us of a lack of engagement and appreciation from managers over the period of the pandemic. However, staff expressed much appreciation for the supportive approach of one member of staff, who had joined the management team relatively recently. Positive staff comments also included those about the staff forum, which gave staff an opportunity to voice their opinions and concerns to their employer.

#### Working in partnership with others

- We received positive feedback from the local authority and clinical commissioning group regarding the service. This included the registered manager and support team's management of the COVID outbreak.
- Best practice feedback had recently been provided by a visiting infection control nurse and as a result, changes had been implemented quickly and effectively.