

The Hesley Group Limited

The Limes

Inspection report

off Tickhill Square
Stainton Street
Doncaster
South Yorkshire
DN12 4AR

Tel: 01709861663

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Limes is a residential care home providing personal care for up to 12 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The college accommodation is bigger than most domestic style properties. It is registered for the support of up to 12 people. At the time of the inspection eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design. The accommodation was separated into four, three bedroomed flats, each with separate facilities. It fitted well into the school campus.

There had been a period when the service had not always consistently applied the full range of the principles and values of Registering the Right Support and other best practice guidance. The principles and values of Registering the Right Support ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

However, once the provider was made aware of the shortfalls, the management team worked to an improvement plan to ensure the outcomes for people reflected the principles and values of Registering the Right Support. This was by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People told us they were very happy with the support they received.

The provider had made improvements to ensure people were protected from abuse and any risks associated with people's care were well managed. The provider had also made improvements to make sure people received their medicines safely. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.

The provider had made improvements to make sure people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had made improvements to make sure staff received the training and support they needed to

fulfil their roles and responsibilities. Support staff were familiar with people's preferences and needs. They were committed to promoting people's privacy, dignity and independence and supporting them to make choices. People who used the service spoke positively about the staffs' caring approach.

The provider regularly asked people and their relatives their views about the care and support the service offered. At the time of the inspection there was a positive, open and supportive culture in the service and staff felt well supported, listened to and valued. The provider had made improvements in the management oversight and audits used to monitor the safety and quality of service delivery and staff performance. This was effective in driving improvements to the service people received. Although, there was still some work to be completed, and there was a need to ensure the improvements were well embedded into practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published April 2018).

Why we inspected

This was a planned inspection based on the previous rating. Although, there were concerns received about a failure of staff and managers to recognise and report safeguarding concerns. Other concerns included lack of staff training, and a lack of opportunities for people to engage in meaningful activities. A decision was made for us to examine those risks as part of the inspection. We have found evidence the provider has made improvement. However, further improvement was necessary.

We have made a recommendation about the review of the provider's overall governance and oversight. Please see the Well Led section of the full report.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an assistant inspector.

Service and service type

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

The Limes provides care and accommodation for people with complex needs including learning disability, and behaviour that may challenge, often in association with autism. The accommodation is provided in four three bedroomed flats, forming the residential part of a specialist residential college, offering year-round education and care for up to 12 young people aged 19 to 25 years old.

The service should have a manager registered with the Care Quality Commission. This means 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 did not have a registered manager at the time of the inspection. However, the provider had appointed a new manager, who had applied to register with the Commission.

Notice of inspection

This inspection was unannounced.

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. We reviewed information received

about the service from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We visited the service on 12 February 2020. We spoke with three people who used the service to gain their feedback about the service. We spoke with the manager, the deputy manager, six members of support staff and two team leaders. We reviewed a range of records. This included people's care plans, day to day care records and medication records. We looked at three staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service, including minutes of meetings, copies of quality audits and improvement plans, accidents and incidents analysis and complaints records.

After the inspection

We spoke with three people's relatives by telephone to gain their views of the service.

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's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- Staff knew people well and spoke confidently about how they helped people manage potential risks. Several staff talked about positive risk taking for students to enable them to experience new things and learn more independent living skills.
- Systems in place demonstrated there was an emphasis on reducing the use of physical restraint. Where any level of restraint was used accurate records were kept and debriefs were in place for staff and students. The provider made sure staff received training to help them to use a positive behaviour approach when there was a possibility of a someone's anxiety being heightened. Positive behaviour management is an approach that emphasises prevention, support for students, avoiding confrontation and focusing on the development of values, relationships and skill building. This was working well for people. One student told us, "I'm happy here, not angry."
- Prior to the inspection we were made aware of concerns regarding the assessment and management of risks to people. During the inspection we found the service had taken appropriate actions to mitigate any risks before the inspection, and there was no impact on people found during the inspection in this area.
- The provider had made good progress with improvements to ensure any potential risks related to people's care had been properly assessed. This included updating guidance for staff to follow for each student to help reduce the risks. There remained further work to be undertaken to make sure all students had personalised assessments. The management team were addressing this, making extra resources available so this work was completed as a matter of priority.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection we were made aware some safeguarding concerns had not been recognised or reported by managers and staff in the service. We found the provider had taken action to ensure students were not at risk of abuse, and safeguarding concerns were recognised and reported appropriately. This included providing all staff with refresher training in safeguarding. However, there was a need to ensure these improvements were embedded into practice.
- Students looked relaxed and comfortable with staff. One person said, "[Staff] are really nice. They make me feel safe."
- Clear systems were in place to monitor and manage potential abuse to students. This included meetings to review incidents which had occurred and identify any trends.
- Staff we spoke with recognised signs of potential abuse and knew who to report concerns too including externally. Several staff told us managers often checked their understanding.
- External bodies such as the local authority and Care Quality Commission were now being informed in a timely manner when potential safeguarding issues occurred.

Using medicines safely

- We had received information regarding medicine audits not being sufficiently robust to identify errors and omissions. At the inspection we found the provider had made improvements to ensure medicines were monitored and managed safely. This included stronger and more regular audit checks. The service had a senior practitioner, who completed weekly audits (checks), any issues identified had been acted upon and improvements made.
- Documentation was available to support staff to give students their medicines according to their needs and preferences. All records we checked clearly stated if the person had any allergies, reducing the chance of someone receiving a medicine they were allergic to.
- In all but one case, guidance on how to administer medicines prescribed "when required" was available. There was no protocol for an antihistamine one student was prescribed.
- The quantity of medicines stocked was recorded upon receipt and then balances checked regularly, which meant we could be sure that medicines had been given as signed for by staff.
- Although no one had yet reached independence in administering their medicines, staff supported people to understand what medicines they were prescribed and what they were for. For instance, one person we spoke with explained about their medicines, what they took and when.

Staffing and recruitment

- Recruitment records showed the provider had a safe recruitment system which included obtaining references and appropriate checks to make sure staff were of good character and suitable to work in care.
- Support staff told us they worked in small teams. This helped to build positive relationships and provided the consistency of support and the continuity of care students needed.
- Staff recruitment was ongoing and where agency staff were used, this was done in a way that made sure they stayed for long enough to build relationships with students, and this also helped ensure continuity of approach.
- One relative said, "There have been a lot of new staff since the safeguarding and they have thrown themselves into their new roles. I've heard incredible stories from them about how much they are enjoying their work at the Limes."

Preventing and controlling infection

- The flats we visited looked reasonably clean and were fresh smelling in line with any domestic setting.
- Staff received training in the prevention and control of infection. They also had access to a range of equipment such as gloves and aprons to help reduce the spread of infection when supporting students with personal care.

Learning lessons when things go wrong

- Lessons were being learnt when things went wrong.
- Systems were in place and the management team were regularly reviewing accidents, incidents and safeguarding concerns. The manager was knowledgeable about the things which had gone wrong. They were able to talk us through the actions which had been taken and learning which had occurred.
- Staff members were aware of their responsibility to report any issues, accidents or incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Prior to the inspection we were made aware of concerns regarding managers' and staffs' understanding of the Mental Capacity Act 2005 (MCA). During the inspection we found the service had taken appropriate actions to address any shortfalls and to mitigate any risks before the inspection, and there was no impact on people found during the inspection in this area. Overall, the service was meeting the requirements of the MCA.
- However, there were a small number of instances where decisions had been made in people's best interests but had not been recorded as such. This meant not all restrictions and treatments had been regularly reviewed with the student (where possible) and those important to them. The manager told us this was an area still being worked on.
- The provider had ensured staff had completed MCA training and there was a strong emphasis on supporting and enabling people to make their own choices and decisions.
- DoLS applications had been made appropriately by the provider. Where necessary, these had been followed up with the funding local authorities, to help expedite the process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service was provided to them. Risk assessments and care planning tools were used to plan appropriate and person-centred care.
- Overall, people's risk assessments detailed people's desired outcomes and how the staff could support people with each specific task. However, some work was still being undertaken to improve people's plans, including in relation to positive behaviour support and physical intervention.

- People's care and support needs were discussed with them at regular intervals.
- The staff team were now more aware of current standards, guidance and law. This had been driven by the manager with the support of the provider and other health and social care professionals.

Staff support: induction, training, skills and experience

- Prior to the inspection we received information regarding staff not receiving all the training necessary for their roles.
- We found the provider had improved the systems underpinning staff training and supervision. They had provided training updates and refreshers to all staff to make sure students were supported by staff who received the full range of training to meet students' needs and keep them safe. For example, recently further training in relation to positive behaviour support had been delivered. This was designed to improve staffs' communication with students and to help improve their quality of life, with a view to better managing any anxiety or distress they might experience.
- New staff went through a detailed induction and most had taken opportunities to complete specialist health and social care qualifications. All staff we spoke with told us they had received a good induction and those who did not have a background in care had completed the Care Certificate. The Care Certificate is an agreed set of standards all new care workers should cover.
- Staff received regular support through one to one supervision meetings with their managers and a yearly appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Students were supported to eat a healthy, balanced diet at home and, during most weekdays, when they ate at college.
- Staff supported people to choose, shop for and prepare their meals when at home in their flats. Staff reassured us students' dietary requirements were considered when meals were planned. One person told us, "I cook all sorts all healthy stuff, pasta, bolognaise from scratch, cakes from scratch."
- Some students used picture symbols to choose their meals, so they could make an informed choice.
- When students had special dietary requirements or preferences relevant health professionals were consulted. Staff supported one student to maintain a gluten free diet, with the input of a dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff and management team had a good understanding of each student and how to monitor and manage any health-related concerns. Staff had training to enable them to support students with long term conditions, such as epilepsy and food allergies. Staff were clear of the responsibility to communicate any changes, or concerns about student's health to the managers.
- One relative said, "[My family member] has been supported by the service for several years. I am pleased with the Limes and I am especially pleased with the way [person] is cared for and supported."
- Staff supported students to have access to healthcare services appropriate to their needs. This, along with encouragement to live a healthy lifestyle, helped students to remained healthy.
- The service also employed a range of health professionals who could regularly monitor and advise the staff team. They participated in students' regular multi-agency reviews. Examples were seen of how internal and external health professionals were consulted to ensure students received support in line with their needs.

Adapting service, design, decoration to meet people's needs

- Students lived in accommodation that was adapted and designed around their needs and wishes. Students were encouraged and enabled to make choices in the decoration of their flats. For example, one

flat was being redecorated at the time of the inspection, after students living there had been involved in picking the colours.

- Bedrooms were places students could express themselves and their individuality. The people we spoke with told us they liked their rooms. One person was happy that they had a television in their room.
- One part of the building was being refurbished to provide improved access, to meet one student's changing needs and making it safer overall.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Students were treated as individuals by staff who were kind and caring.
- We saw staff chatting, laughing and joking with students and assisting them in a way that was equal, friendly and warm. Staff adapted their approach according to people's personalities and used gentle touch to reassure them.
- Students were positive about the staff who supported them. One person said, "Yes I love it here and the staff are lovely." One relative said, "Since being at the Limes I have seen [person's] self-esteem improve considerably. This, in part, is because the service has a very good specialist team, covering psychology, speech and language therapy and occupational therapy. They are very quick to respond and provide very effective support to the care staff.
- Staff spoke with affection and respect about the students they supported, and it was evident they had built positive relationships with them. Staff were proud of people's achievements.
- The management team led by example. We saw respectful interactions from the management team with students and staff.

Supporting people to express their views and be involved in making decisions about their care

- Students were supported in a variety of ways to express their views and make decisions. Staff respected the choices they made.
- Meal times were a place many choices were promoted. Students chose when and what they ate. A variety of choices were displayed for weekly menus within the students' flats. This included different meals every day and staff informed us these were based on each student's preferences. One person said, "I chose my food."
- Staff members told us they always gave students choices. For example, when getting up they supported students to choose clothes to wear and what they would have for breakfast. Students we spoke with confirmed this, and one person said, "My choice when I go to bed. My choice when to get up."
- One relative said, "Staff have always been good at making sure I'm made aware of any incidents. Although, they have recently become better at communicating more positive news as well. For instance, they contacted me to tell me [person] climbed to the top of the climbing wall, which made my heart sing."

Respecting and promoting people's privacy, dignity and independence

- People's plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible.
- Staff were aware of the importance of promoting privacy and dignity when supporting students. When

students wanted private time alone this was respected.

- Staff were enthusiastic about supporting students to learn new skills, to grow as people and to become more independent. Staff told us of several instances where people had gained confidence. They were aware of the difference they had made to students' lives. One staff member said, "I love it when we see students become more confident and independent. It's what makes everything worthwhile."
- Students were learning to live more independently. Staff helped them to develop their independent living skills by engaging them in tasks such as keeping their rooms clean, shopping and cooking.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Prior to the inspection we were made aware of concerns regarding people having limited access to meaningful activities and the community.
- We found the provider was making improvements to ensure the service provided more opportunities for students to engage in a range of activities and try new things. One person told us they had recently been to Yorkshire wildlife park and fed the animals. They said they really enjoyed it. One relative said, "Although [person] has always been cared for well and has always been out daily, there have been improvements because [person] is now going to more interesting places."
- All students attended college during the week where they had access to a range of education support, both at the college site and out in the broader community.
- Members of the support team at the Limes routinely supported the students while at college and were also aware what they liked doing in their 'free time'. They supported students to engage in a range of activities. This was becoming more personalised as people tried different things and decided what they wanted to do on a regular basis.
- Staff supported students to have contact with their families, friends and others in the community. One person told us they were looking forward to Valentine's day. They said, "It was my idea to get stuff for my girlfriend. It's a secret, she doesn't know yet."
- There was also a renewed focus on student's sensory needs and the provider's occupational therapy team were completing sensory assessments for everyone. This contributed to a positive behaviour approach for people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each student had comprehensive care and support plans in place and work was being undertaken to improve and further personalise these. This was to make sure they reflected any changes in students' needs and wishes.
- Care and support were personalised. Students' likes, dislikes and what was important to them were recorded in their plans in some detail and people's care was reviewed regularly. Although, there were still some inconsistencies in care plans being reviewed. This was discussed with the management team at the time of the inspection and we were assured these areas would be addressed as part of the ongoing improvements.
- Staff worked in teams and usually supported the same people, which meant they knew students well and were aware of their preferences. Several staff we spoke with had worked in the service for several years and had seen some students' progression from childhood to young adulthood. They described how they

endeavoured to ensure the care and support they provided was tailored to each students' individual needs.

- Regular reviews were undertaken involving the student and those important to them such as relatives and other professionals. The manager told us there was now more focus on outcomes and goals for each student.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place to ensure information was shared in ways the students understood. The service had speech and language therapists who helped staff adapt information into different formats.
- One relative said, "[Person] is now initiating communication, which is a massive leap. Staff support this using communication aids such as picture cards." One person's relative told us, staff were always looking to improve the way they supported people and said they were looking to extend the use of communication aids to tablet computer.
- People's communication needs were identified as part of the initial referral and assessment process and reflected in their care plans.
- We saw different communication methods being used. Some students spoke, others used pictures, sign language to support speech, vocal sounds, body language and gestures. Staff understood how to communicate effectively with each student and 'listened' to what each student said.

Improving care quality in response to complaints or concerns

- The provider had a clear and accessible complaints procedure
- Staff recognised how students usually expressed they were upset, and relatives told us they knew how to raise concerns.
- Records showed all complaints were investigated and responded to in an open and thorough way.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Prior to the inspection we were made aware of concerns regarding the culture in the service. This included that the previous registered manager had failed to notify CQC of incidents in line with their statutory obligations. The provider told us about this and took immediate action prior to the inspection, notifying us of all safeguarding allegations and incidents.
- However, this indicated there had been some shortfalls in management oversight, governance and quality monitoring arrangements at the Limes. The provider had acknowledged this and had made improvement to make sure the systems to monitor the quality of care and keep people safe were in place.

We recommend the provider review and improve their governance and oversight of their services.

- We found management team strove to improve the service and we saw evidence to support this. However, it was not yet clear how sustainable all the changes were, especially as there was ongoing input from external services like the local authority and health commissioners. Representatives of the provider's management team reassured us of their commitment to making sure improvements were maintained.
- Staff we spoke with understood why changes had needed to be made and felt there had been lots of positive changes. They said this had benefitted students and staff. The general feeling was they had come a long way, although were not yet where they wanted to be. They were still working towards this and were committed to improving the service.

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

- Students were supported in an environment which was open and transparent. When things went wrong their relatives or representatives were contacted."
- Students and their relatives were actively involved driving the direction of the service. Some relatives were impressed at the improved communication was between the management and themselves. One relative told us they had also taken the opportunity to visit at the first session of the new youth club. The staff were really welcoming and very open, enthusiastically asking their opinion and for any ideas for the development of the club.

- Regular meetings were being held with people's parents. These provided opportunities for parents to raise any concerns or suggestions to improve the service. Relatives told us felt listened too and knew who the management team were, should they need them.
- Staff told us they could raise any issues or make suggestions and felt listened to.
- The management team understood their duty of candour. The manager told us their ethos was to be open and transparent with everyone involved with the service. Feedback from people and their relatives confirmed they were kept informed generally and told about any concerns or issues.

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

- Throughout the inspection we saw students comfortable in the presence of senior staff and the management.
- Relatives said improvements had been made. They spoke about how open they felt the staff and managers were. For instance, one relative said, "They [managers and staff] have risen to the challenge one hundred percent and responding and acting positively."
- Staff felt valued and were recognised for their achievements. They told us they thought the senior leadership team was open and supportive and they could approach them at any time for advice or support.
- The provider had made sure systems were in place to promote a positive culture which was open, inclusive and empowering. This was driven by the new manager, who demonstrated their openness during the inspection.

Continuous learning and improving care; Working in partnership with others

- The management team were developing stronger links with other professionals in the local authority and health commissioning. This had helped them to strengthen or refine systems and processes since the last inspection.
- Good community links had been developed by staff within the Limes and at college, through the activities on offer for people.
- People, relatives and staff were happy with the way the service was now managed.