

The Hesley Group Limited

The Paddocks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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 Paddocks is a residential care home providing accommodation and personal care for up to 8 young people, as part of a residential college of adult education.

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

The provider failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service.

Audits needed strengthening and embedding into practice. Some area infection control issues and some areas of the home were found to not be sufficiently clean; this was addressed immediately.

The registered manager needed to ensure safeguarding concerns were reported to the local authority safeguarding team before being investigated internally. We raised three safeguarding concerns during the inspection.

We received mixed feedback on the service from relatives and professionals.

People were safe from the risk of abuse as staff had good knowledge and understanding of safeguarding.

People received their medicines as prescribed. Accidents and incidents were reported including actions taken.

People were supported by enough staff who had employment checks undertaken prior to starting with the service.

Staff received regular supervisions and appraisals and felt very supported by the registered manager.

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.

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 at The Paddocks was based in a rural location in Doncaster rather than being community based. People were still able to access community facilities and had links with local villages and shops. The location benefited people being able to access nature and countryside walks.

Right care:

- Care 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:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services 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

Rating at last inspection

The last rating for this service was good (published 24 April 2020).

Why we inspected

The inspection was prompted in part due to concerns found in other services run by this provider. These were identified by other professionals and included people's safety, staff culture and governance. A decision was made for us to inspect and examine those risks. We widened the scope of the inspection to become a comprehensive inspection which included looking at the key questions of safe, effective, caring, responsive and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. The provider took action to mitigate the risks following the inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

The Paddocks

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.

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

Two inspectors and an Expert by Experience carried out the inspection. 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 Paddocks 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 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.

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. 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.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, support workers, speech and language therapist [SALT] and a behavioural analyst. We carried out observations as a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from five professionals who have contact with 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- The registered manager and senior managers analysed data derived from accidents and incidents and plans were in place to learn lessons.
- Staff completed paper accident and incident monitoring records which were then put onto an electronic monitoring system. We were told that the paper records were audited to ensure themes and trends were analysed, however, there was no audit record of this being carried out.
- Monitoring systems identified that 42% of accident and incidents were not in the system within 2 weeks of the incident occurring, this could delay responsive action.
- A variety of data was collated to assist in analysis, however the registered manager recognised there was a gap in collating incidents.

Preventing and controlling infection

- The provider had infection control systems and policy in place. We identified some shortfalls with the cleanliness of the environment and occasions where PPE was not being worn effectively. This was rectified during the inspection.
- The providers monitoring systems had not picked up the issues we identified during the inspection and infection control audits were only completed annually.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- We raised three safeguarding concerns with the local authority during the inspection.
- The provider had safeguarding policies and procedures in place to protect people from the risk of abuse.
- Staff had received training in safeguarding and were aware of what would constitute a safeguarding concern. Staff said they wouldn't hesitate to report a concern through the correct channels if they witnessed anything of concern.

Assessing risk, safety monitoring and management

- People's individual risk assessments were detailed with clear support plans in place to guide staff how to minimise risks for people.

- We received mixed feedback from relatives, some relatives felt their loved ones were safe living at The Paddocks and some felt their loved ones were not safe. One said, "We are very happy with the care and support our loved one is receiving. We are confident that they are safe. We would be able to tell if there were any issues through my loved one's behaviour. Whenever we see our loved one on facetime, they are always happy." Another relative said, "Some of the staff are very good but a lot of the newer staff are very poorly trained and there have been a number of incidents that should not have happened if my loved one was supported as they should be."
- Environmental audits were being carried out but did not always identify issues, for example health and safety checks had not identified a potential issue with a smoke detector, infection control, or food safety checks.

Staffing and recruitment

- Staff were recruited safely. The provider had safe recruitment practices in place. We looked at three recruitment staff files. These included evidence staff had the relevant previous experience and qualifications.
- Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

Using medicines safely

- People received medicines as prescribed. Staff completed medicine administration record audits and stock checks to ensure records were accurate.
- Medicines were stored, administered and recorded appropriately.
- As required medicines had protocols in place and staff followed instructions.
- Staff received medicines training and checks of their competency to administer safely were carried out.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Support plans were detailed for each identified need people had, and staff had good knowledge of each person and how to deliver their care and meet their needs.
- Support plans were reviewed, which ensured staff continued to meet people's changing needs.

Staff support: induction, training, skills and experience

- We found staff to be knowledgeable, however we identified some shortfalls in staff completing training. We saw that not all staff had completed autism and dysphagia training and there were several staff that had not completed training in epilepsy. However, we discussed training with the behaviour analyst who said that bespoke training took place which was not always recorded on the provider's training matrix and ways to capture this would be addressed.
- There was a high turnover of staff and one professional felt that the induction process did not fully equip staff for the complexity and severity of some of the behaviours which people could present.

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

- People were supported to maintain a healthy diet. One person told us, "The food is good, I enjoy making Italian meals."
- People told us they enjoyed the food on offer and were involved in choosing the menus and options. One staff member said, "Mealtime experience varies for each person. We cook a variety of meals depending on what each person chooses. Each person has a budget and chooses and cooks their own meals with support." We saw various meals being planned for example, one person was having a picnic in their bedroom, another was having Italian food and another person was preparing a curry.
- Staff understood any dietary requirements people had, and support plans outlined people's likes and dislikes and encouraged independence.

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

- People had the access to the healthcare services they needed, and staff supported them to appointments as required.
- The staff we spoke with had a good understanding of the individual health conditions that people had, and the support they required to manage them.
- We spoke to two professionals during the inspection who were involved in supporting people's health needs. One professional said, "I visit the individuals here dependent upon their need. I feel that my

professional feedback is listened to and adhered to by staff." And another professional said, "Staff are good at taking information on board and we hold robust multi-disciplinary meetings and get support workers involved. It's a good way to get the overview of things. These guys [staff] do pass information on, but it is a very busy service. However, I have no concerns."

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

- People choose where to spend time in their home. People spent time in their bedrooms carrying out activities alone, or watching TV and people were seen getting involved activities such as dancing, using electronic devices and going for walks in the countryside.
- The premises were designed in a homely manner. However, we identified that some areas of the home were tired and worn, which the registered manager had recognised and had an improvement plan in place.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The registered manager had submitted DoLS applications to the local authority to review or authorise.
- We saw best interest decisions were being made where necessary.

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 now 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

- Our observations during the inspection were that staff treated people with kindness and respect. Staff we spoke with were focussed on promoting each person's independence and encouraged them to do things for themselves, where they could.
- Staff said, "The team are kind and caring some staff don't have life experience, but they are kind. Before COVID we did everything with people, we went to the seaside, cinema, we tried to go out as much as we could, and we have now had to adapt activities."
- We asked staff what they liked about their role and they said, "It's very rewarding, challenging but you know you're making a difference to someone else's life."

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

- Staff were observed supporting people based on their views and preferences.
- People had been involved in decoration of their home. People wanted to show us how their rooms had been decorated to reflect their preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected we saw many examples of staff asking people if they minded them coming into their room and knocking on doors and asking permission before doing tasks.
- On the first day of our inspection video monitors used to monitor people who had epilepsy had been left turned on all morning. We discussed this with the registered manager who recognised the issue with privacy and dignity and took steps to ensure that the monitors were turned off and put away when they weren't needed.

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 now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Some relatives felt that their loved ones were not receiving suitable activities that were socially or culturally relevant. One relative said, "It is clear to me that my loved one is bored. The staff are not good at keeping them occupied and this has increased their behaviours". However other relatives said, "My loved one is supported to maintain their independence by being encouraged to clean their own room."
- We observed personalised support being offered and people being involved in a range of activities which they seemed to enjoy. One person was excited to show us they had been shopping to buy a new outfit that they were planning to wear at their new job, which they were really enjoying. Another person had been making lists of their up and coming activities and outings, which were important to them.

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.

- A variety of communication methods were used with people. For example, one person needed staff to use direct statements and another person used a token board to communicate. Familiar staff were aware of the communication needs of each individual. Newer staff were able to shadow longstanding staff and also had records to guide them on how to support people with their communication.

Improving care quality in response to complaints or concerns

- The provider had a record of complaints which was updated during our visit to recognise that mixed feedback had been given by relatives. Some concerns had not been addressed at the time of inspection as they were new, the registered manager told us they would act and respond to the recent concerns.
- The provider had produced complaint forms in an accessible way for people to understand and use.
- The registered manager also had a log of compliments they had received. One compliment said, 'Happy atmosphere good interaction and environment and plans fine.'

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; Continuous learning and improving care

- Shortfalls in the providers governance systems were identified. Infection control, medicines, training and environment audits had not picked up issues we found on inspection. We identified concerns with infection control and maintenance of some areas of the home, however the registered manager took immediate action.
- The providers quality monitoring systems needed to be strengthened and embedded into practice to ensure improvements were made and sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 received mixed feedback from professionals and relatives. Some relatives had lost confidence in the provider addressing and responding to their concerns. We talked to five relatives and three were unhappy with some aspects of the service. One said, "There have been a number of incidents and the management never fully investigate them and will look to put a favourable slant on the incident, so they don't have to report it". Another relative said, "I feel that whenever there is an incident that cannot be explained they close shop to protect themselves." Another relative said, "Whenever we raise a concern, it is never dealt with and or they (the provider) makes the excuse 'He is an adult and it is his choice'. Even when the issue is detrimental to my loved one's health. We feel we are just fobbed off."
- The registered manager was passionate and committed to developing an inclusive service. He was friendly and approachable and knew people well. However, the provider needs to ensure the registered manager is completing quality management systems in order to identify and address failings in a timely way.
- We raised three safeguarding concerns during the inspection. A separate concern was raised with the registered manager who commenced a fact find and determined it did not constitute a referral to safeguarding. This appeared to be an isolated instance of non-reporting. The registered manager was aware of their responsibilities to report to the local authority and recognised the failure to report in this instance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities)

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held with people and their feedback was discussed at staff meetings.
- The provider also asked people and their relatives to complete surveys about the quality of the service. Two relatives spoke of the positive relationship they had. One said, "The manager is always available to speak, and they are quick to respond to emails."
- Staff meetings were held regularly and covered a range of topics. Staff we spoke with said, "Meetings are usually once a month, we [staff team] can voice our opinion and raise suggestions. I've put suggestions forward and they have happened. If I ask for something it gets done."
- We spoke with several commissioners who were all very positive about the registered manager. However, one said, "I have found the registered manager extremely responsive. Families have spoken of this too. However, the quality of care [name] receives is dependent on the registered manager being present. At times for example when the registered manager is on leave there has been concerns expressed by families that care becomes 'rather shoddy'."
- Two professionals that work closely within The Paddocks spoke of the team being responsive and receptive to improving outcomes for people. One person said, "There is a good working relationship with the team, they can go to registered manager with anything."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service.</p>