

Review of compliance

The Hesley Group Limited
The Hesley Village

Region:	Yorkshire & Humberside
Location address:	Hesley Hall Stripe Road, Tickhill Doncaster South Yorkshire DN11 9HH
Type of service:	Care home service without nursing
Date of Publication:	June 2011
Overview of the service:	Hesley is a care home for people with learning disabilities set in extensive grounds on the outskirts of Tickhill in Doncaster.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Hesley Village was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 May 2011 and checked the provider's records.

What people told us

We observed people walking around the campus with staff support, and overheard staff chatting to people in an appropriate and respectful manner, and using discreet prompts to ensure people were safe.

One person told us that staff understood their needs and supported them at all times. They also told us they were involved in making decisions and when their decision was not possible it was explained to them why it was not safe. They told us the decisions were recorded in their care plan.

One person told us they were supported to make decisions and given support and information to be able to make a choice.

People told us they were well looked after, the staff were very good and they could talk to people if they had a problem.

We also spoke to a number of relatives as part of this review and they told us;

'Staff understand my sons' needs and he is well supported'

'Really happy with the level of care'

'Incidents are followed up; staff are extremely patient and so caring'

'I can sleep at night'

'I am impressed with Hesley how they have dealt with my son's problems'

What we found about the standards we reviewed and how well The Hesley Village was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service were given choices, able to express their views and were supported appropriately.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People were supported to make decisions and give valid consent.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received effective, safe and appropriate care, treatment and support that met their needs.

Outcome 05: Food and drink should meet people's individual dietary needs

People were supported to have adequate nutrition and hydration, by providing a choice of suitable food in sufficient quantities to meet people's needs

Outcome 06: People should get safe and coordinated care when they move between different services

People receive safe, coordinated care, treatment and support where treatment is shared with, or transferred to others.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The registered person operated effective recruitment procedures to protect people.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We observed people walking around the campus with staff support, and overheard staff chatting to people in an appropriate and respectful manner, and using discreet prompts to ensure people were safe.

One person told us that staff understood their needs and supported them at all times. They also told us they were involved in making decisions and when their decisions were not possible it was explained to them why it was not safe. They told us the decisions were recorded in their care plan.

Relatives told us that privacy and dignity of their son/daughter was always maintained by staff. They also said they are kept informed of any changes to care or any concerns.

Other evidence

We observed staff with people, we saw they were given choices and supported to make decisions. Documented in care plans was evidence that people were helped to make decisions about their care and treatment.

People had their privacy and dignity maintained.

The staff we spoke to had a good understanding of the care, treatment and support choices available to people. Staff respected the views of people.

The provider completed a provider compliance assessment (PCA) this told us consideration of capacity and communication is determined for each person receiving a service. Assessment and transition and support planning processes were completed. The staff used mental capacity act assessments and "Best Interests" decision-making processes when required.

Our judgement

People who used the service were given choices, able to express their views and were supported appropriately.

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

One person told us they were supported to make decisions and given support and information to be able to make a choice.

Relatives informed us that staff understood people's capacity and support them to make choices and decisions.

Other evidence

We looked at five people's care plans in detail, while visiting them in their accommodation with their support workers. We found comprehensive best interests assessment in each care plan, and all support plans recorded details of people's expressed preferences in relation to how they are supported.

Every support plan we checked recorded consideration about people's involvement in the decision making process and justified why they wouldn't be involved. Deprivation of Liberty Safeguards analysis were carried, we saw these in a number of care plans.

Staff we spoke to had an understanding of the Mental Capacity Act and Deprivation of Liberty safeguards. They understood peoples' rights and that some people required more support than others in obtaining consent. Staff told us they would contact an advocate to assist people, if this was required.

The provider submitted a PCA for this outcome that told us consent was always obtained from people who received a service. Where there was a concern someone may not have capacity a best interests procedure was followed in line with the mental capacity act Code of Practice. The appropriate people were involved to facilitate these.

The PCA also informed us where people had a deprivation of liberty authorisation in place, it would be kept under review and the need for its continuance monitored.

Our judgement

People were supported to make decisions and give valid consent.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us they were well looked after, the staff were very good and they could talk to people if they had a problem.

We spoke to a number of relatives as part of this review and they told us;

'Staff understand my sons' needs and he is well supported'

'Really happy with the level of care'

'Incidents are followed up; staff are extremely patient and so caring'

'I can sleep at night'

'I am impressed with Hesley how they have dealt with my son's problems'

Other evidence

We looked at five care plans during our site visit we found people had good support plans, which detailed aspects of their lives. Each one set out in detail what the goal was, and what needed to be done to ensure the goal was met, or how people were supported to progress to the goal. Each support plan had a corresponding recording sheet where staff recorded as regularly as appropriate what interventions/support they have carried out in relation to the plan. The recording sheets indicated that staff were providing support in accordance with the directions in each person's support plan. Each

plan had a review log. Most logs were being reviewed monthly or when a change occurred.

One person's care plan identified they had very specific preferences about their day to day life and could become extremely distressed if these were not adhered to. The care plan contained very detailed information about how staff ensured their preferences and needs were met. The recording sheets and daily journal evidenced that staff were carrying out support in exactly the way that the support plans directed.

We spent time in people's houses observing interactions between people receiving a service and the staff, we observed very positive interactions, staff understood people's needs and dealt with incidents appropriately.

We spoke to staff about the person they were looking after they were able to give us details of the level of support required and how to meet that person's needs.

There were a number of activities happening around the village, and the gym area was being used for a dance class. Skype facilities have been introduced so that people can communicate with friends/families using a webcam.

The providers PCA informed us pre-admission assessment and transition planning was undertaken, which ensured Hesley Village could meet people's needs. The process aimed to put the person at the centre and consults with them where possible

They informed us the basic support plans were in place before admission and these are developed as they got to know the person better through processes such as case reviews and multi disciplinary processes. Initial placement reviews took place involving relevant family, representatives and commissioning bodies.

Our judgement

People received effective, safe and appropriate care, treatment and support that met their needs.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People told us they could choose what they wanted to eat and at what times they had their meals. One person also told us they helped with the preparation of the meals and often did some baking.

Relatives told us the food was good and the times were very flexible.

Other evidence

We found a good variety of food was available in all houses including fruit and vegetables. We saw that kitchens had information on display about nutrition and healthy eating, as well as food safety.

Staff told us most people had breakfast and one other meal in their houses, with support from care staff. The main meal whether it was at lunchtime or in the evening was ordered from the brasserie. It was either collected and eaten in the individuals house, or eaten in the brasserie. Staff told us the time for meals was very flexible to fit in with the needs of the individual.

One person we visited had very specific preferences in relation to the food that they ate, which would potentially put them at risk of poor nutrition. Their support plan clearly documented that staff had identified the difficulties that this presented, and external health care professionals support had been sought. Support plans had been developed directing staff to offer the person choices and very slowly try to introduce new foods to their diet. Support logs and the daily journal show that this had been done, and in contrast to our last site visit the person had been able to accept some variety in their

diet. The individuals' needs were clearly very complex and evidence showed that staff had worked consistently, and in collaboration with health care professionals to meet their nutritional and welfare needs in a manner they were comfortable with.

Another person we visited was in their kitchen while the senior support worker was preparing their lunch. The support worker said that she looked in the person's daily journal to check what they had eaten over the previous days to ensure there was no repetition. She then said, 'We take a number of choices from the fridge/cupboards and put them out for the person to choose, which they want'. The person was able to indicate their preference by pointing or picking an item up.

One person had sometimes chosen to get involved with their meal preparation. They had been taking their lunch in the brasserie, but a few months ago their appetite diminished and they started losing weight. Therefore their meal arrangements were reviewed; staff thought that being involved again in food preparation would help them to develop an appetite due to anticipation/smells. The support worker we spoke to understood the person's needs well.

We visited the brasserie at lunchtime to observe people and staff. Two people were eating lunch in the brasserie, the environment was quiet, and staff were observed using discreet prompts to assist people in eating their lunch.

The providers PCA informed us that all people who used the service had an individual support plan to assist them in meeting their nutritional needs. These were reviewed as part of the case review procedures and advice sought from the appropriate health professional in line with assessed need.

People were supported to eat as independently as their needs allow and adaptive equipment was available to those who required it. Support staff monitored people at risk of choking and support plans were in place to assist them in this. Assessments in relation to swallowing were undertaken by the specialist Speech and Language Therapists.

Our judgement

People were supported to have adequate nutrition and hydration, by providing a choice of suitable food in sufficient quantities to meet people's needs

Outcome 06: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We did not speak to people regarding this outcome during our visit.

Other evidence

As part of our review we looked at the management of a complaint that we had received.

The main concerns were that staff were not following health care advice, high turn over of staff and staff lacking knowledge regarding the person they support.

The care plans we looked at clearly documented people's needs and had evidence of actions taken to meet people's need. Health care visits were well documented and actions followed up.

Care plans we looked at also contained a hospital passport, which clearly documented essential information that hospital staff would need to know and reflected information that was throughout the individuals care plan. There was evidence of external healthcare professional involvement and staff carrying out the directions of involved health care professionals. Evidence showed that staff had worked consistently, and in collaboration with external health care professionals, to meet their nutritional and welfare needs in a manner that the individual was comfortable with.

The manager told us they regularly used the emergency care practitioner (ECP) service, they found this excellent. The staff that visited were knowledgeable in treating

people with a learning disability and always visited when requested.

The ECP told the primary care trust, that Hesley Village contacted them when required the visits they carried out were necessary and they had been called out appropriately. They had no cause for concern regarding the provider meeting people's needs.

Our judgement

People receive safe, coordinated care, treatment and support where treatment is shared with, or transferred to others.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not speak to people regarding this outcome during this visit.

Other evidence

We did not look at this outcome during our site visit; however the provider completed a PCA.

The PCA informed us that Hesley Village had a recruitment policy and all recruitments and appointments were monitored by their human resources manager.

All their employees that were involved in the recruitment, selection and appointment had appropriate training to maintain up to date knowledge in legislation regarding discrimination and the relevant checks that are required.

The PCA also informed us all required checks were carried out during the recruitment process. The registered manager was responsible for confirming appointments of employees and double checking the documents.

Our judgement

The registered person operated effective recruitment procedures to protect people.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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