

# Review of compliance

**The Hesley Group Limited  
Low Laithes Village**

<b>Region:</b>	Yorkshire and Humberside
<b>Location address:</b>	Old Farm Lane (off Wombwell Road) Ardsley Barnsley S71 5HB
<b>Type of service:</b>	Care home services without nursing
<b>Publication date:</b>	April 2011
<b>Overview of the service:</b>	Low Laithes village is a purpose built location registered to provide accommodation for personal care for up to 30 people with learning disabilities. The accommodation comprises of self contained maisonettes comprising of a kitchen/dining area, living area and a bedroom with en-suite facilities.

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

## What we found overall

**We found that Low Laithes Village was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.**

The summary below describes why we carried out the 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 29 March 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

## What people told us

It was difficult to obtain direct views of people who use services at this location due to the nature of resident's learning disabilities at this location. On the site visit conducted 29 March 2011 one resident was able to communicate positively about her care and accommodation at the location. They 'liked' the staff and care and were enthusiastic about the activities they took part in. For example, when asked about their favourite activity this was "bowling!" and were looking forward to going horse riding on the day of our visit.

The provider also submitted information which had captured relatives views. For example:

“Parents praised Low Laithes Village for input and progression that had been made over last 12 months”.

“The parent partnership is vital”

“We reflected on all the efforts the staff had made to make it [Christmas] special and homely for “Y” with a tree, decorations, lights, presents, and tons of the universal currency – Chocolate!”

“Were now working with the care team as they outline their developing plans for “Y” on their life journey and it’s very exciting”.

## **What we found about the standards we reviewed and how well Low Laithes Village was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

- Overall, we found that Low Laithes Village was meeting this essential standard.

We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

- Overall, we found that Low Laithes Village was meeting this essential standard.

We found people who use services, have mental capacity assessments undertaken and best interest meetings held and decisions recorded where these are required. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall, we found that Low Laithes Village was meeting this essential standard.

We found people who use services generally experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

### **Outcome 5: Food and drink should meet people’s individual dietary needs**

- Overall, we found that Low Laithes Village was meeting this essential standard.

We found evidence that people who use the services were supported to have adequate nutrition and hydration. No areas of concern were identified during the assessment of this outcome for this location.

**Outcome 6: People should get safe and coordinated care when they move between different services**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found processes in place to ensure people who use services receive safe and coordinated care, treatment and support where more than one provider may be involved, or where they are moved between services. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found systems and processes in place to help ensure people who use services are protected from abuse, or the risk of abuse, and their human rights upheld. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found people who use services had received care in a clean environment with measures in place appropriate to a residential setting. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found systems and processes in place to ensure people who use services had received their medicines when they needed them and in a safe way. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found people who use services and people who work in the location are in safe, accessible surroundings that promote their wellbeing. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found no gaps in assurance that may suggest people who use services or staff members would be put at risk from unsafe or unsuitable equipment because measures are in place to ensure that equipment is properly maintained, suitable for its purpose and used safely.

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

- Overall, we found that Low Laithes Village was meeting this essential standard. We found no evidence that recruitment and selection procedures for workers were not effective. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found people who use services should be safe and have their health and welfare needs met by sufficient numbers of appropriate staff. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found evidence to demonstrate that people who use services would have their health and welfare needs met by competent staff members who have received training, supervision and appraisal. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found effective systems were in place to assess and monitor the quality of service provision so that people who use services will benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 17: People should have their complaints listened to and acted on properly**

- Overall, we found that Low Laithes Village was meeting this essential standard. We found evidence that comments and complaints were listened to and acted on effectively. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

- Overall, we found that Low Laithes Village was meeting this essential standard but, to maintain this, we suggested that some improvements were made. We found a good standard of record keeping in relation to resident's daily journals. We were concerned that the folders containing support plans and other information do not have a clear link with the daily journal. The number of documents and amount of individual support plans appeared to make it difficult for staff members to update and review them regularly and key documents such as individualised risk assessments are not always signed, dated and may be difficult to find and read. It was not clear on the site visit how records audits are actioned and followed up to

ensure a good standard of record keeping is maintained in relation to support plan reviews and risk assessments.

### **Action we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

**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 1: 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 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

The provider had recently undertaken a “relative’s questionnaire” which was sent to 19 relatives and 10 responded. Out of the nine questions some were relevant to this outcome. In relation to satisfaction with the level of involvement of people who use the service, 60% of relatives were either satisfied or very satisfied. Comments included “every effort is made to engage decision making” though one comment noted the “ability to communicate is not always considered”.

The provider submitted an outline of its complements and complaints log for 2010. One parent noted “Thanks for welcome and effective transition and admission process” and another parent expressed their happiness with service, for care and interest shown to her and care of her daughter.

### **Other evidence**

The provider declared compliance with this outcome at this location at registration with CQC October 2010. A provider level submission provided detailed explanatory notes regarding 'respecting and involving people who use services', 'how service users views are obtained and used to influence services' and regarding the 'promotion of equality, diversity and human rights'.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. (This tool allows the location to perform a self assessment and explain how it is currently meeting each part of the outcome). The location set out information, which explained in detail how this outcome was being met. In addition, the provider voluntarily submitted a range of supporting evidence to support this and other outcomes we assessed.

The provider had identified one area of the outcome the self assessment where it wants to improve (outcome area 1F). This related to ensuring additional involvement to promote independence by introducing a system of individual pathway planning, which is to be rolled out for all people with a learning disability resident at the location through 2011.

The provider also submitted a "Low Laithes Village improvement plan 2011", which sets out a range of actions for improvement relevant to a number of our outcome standards. One action related to outcome area 1J which requires that people who use services can influence how the service is run by a range of measures. Though the location does seek the views of people with a learning disability, relatives and other representatives the location has yet to develop relatives / representatives forum or dedicated residential meetings. However this has been recognised by the provider in both its action plan for improvement and the self assessment explains a range of ways that this area will be improved through 2011. We were able to confirm with the general manager on the site visit conducted 29 March 2011 that plans are in place to develop these groups. We also found that the views of residents and relatives had previously informed service developments, care and activities.

Other than the above areas of self identified improvement we have no information that suggests there are areas of non compliance with this outcome.

### **Our judgement**

We found the people who use services have their views and experiences taken into account in the way the service is provided and have their privacy and dignity respected. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 2: 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 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

We did not request a 'provider compliance assessment' for this outcome. However the self assessments submitted for outcomes one and four both included statements which explained how mental capacity assessments are undertaken and best interest needs are met and recorded. In addition the provider voluntarily submitted a number of anonymised mental capacity assessments and plans which demonstrate compliance with the relevant aspects of this outcome.

On the site visit conducted 29 March 2011 we reviewed some resident's records and found appropriately completed mental capacity assessments where a decision regarding a treatment or intervention had been required.

We have no information that suggests there are areas of non compliance with this outcome.

**Our judgement**

We found people who use services, have mental capacity assessments undertaken and best interest meetings held and decisions recorded where these are required. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
On the site visit conducted 29 March 2011 we talked to people who use services though it was not possible to gain directly usable quotes because of the individual's learning disabilities. One resident was able to communicate positively about her care and accommodation at the location. They 'liked' the staff and care and were enthusiastic about the activities they took part in. For example, when asked about their favourite activity this was "bowling!" and were looking forward to going horse riding on the day of our visit. We observed them being able to speak to their relative whilst in the flat on the telephone, which was clearly valuable to the resident.

The provider had recently undertaken a "relative's questionnaire" which was sent to 19 relatives and 10 responded. Out of the nine questions a number were relevant to this outcome. Some comments are included in the report.

When asked if satisfied with the range of activities available 70% were either 'very satisfied' or 'satisfied'. Comments included, Low Laithes Village "encourage new activities" and there are a "wide variety of activities". Some comments had suggested room for improvement "more activities needed on site". In relation to

activities off site 90% of relatives were reported as satisfied, comments including “amazed with variety on offer” and residents have “such a wide range of experiences”.

In relation to relative’s views about safety, 80% were either satisfied or very satisfied. One positive comment made was “safety is a top priority at Hesley” and one negative comment was “concerned about staff vigilance”.

Regarding views on the level of care provided, no relatives rated care as poor or very poor with 60% rating care as ‘very good’.

For access to clinical services, relatives were largely positive with 80% rating as ‘good’ or ‘very good’. Comments included that “services are good”, “needs are met quickly” though some were unsure if there was any access to clinical services.

An individual annual review report was reviewed. These reports capture detailed assessments made by the multi-disciplinary team, contracting authority’s social worker with the involvement and views of relatives. The report reviewed stated “Parents praised Low Laithes Village for input and progression that had been made over last 12 months”.

Other examples of feedback from relatives were provided, including letter, captured telephone conversation and an article that appeared in the provider’s newsletter. These provided a range of positive feedback for this location. For example:

“Thank you to all concerned (especially [staff]) for making our visit for “X” both possible and so very wonderful”;

“Without people such as yourselves nothing like this would be possible”.

“The parent partnership is vital”;

“We reflected on all the efforts the staff had made to make it [Christmas] special and homely for “Y” with a tree, decorations, lights, presents, and tons of the universal currency – Chocolate!”;

“Were now working with the care team as they outline their developing plans for “Y” on their life journey and it’s very exciting”.

### **Other evidence**

The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our QRP included 17 pieces of information, of which, none raised any areas of concern.

As part of the planned review some external stakeholders were also contacted so they could contribute to this review. Various departments of Barnsley Council were contacted. The council contracts team had undertaken a recent ‘quality improvement visit’ 28 January 2011 and noted no areas of specific concern. The council’s safeguarding and complaints departments had no recent areas of concern to report. The NHS community nurses who visit the location were also contacted who stated “we very rarely have needed to visit Low Laithes Village, however on the

occasions that we do, we always find staff there to be very supportive and helpful”.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The location set out information, which explained in detail how this outcome was being met. In addition, the provider submitted a range of supporting evidence to support this outcome. For example, a range of anonymised completed individual support plans were submitted which set out goals, any capacity matters and guidelines for that person’s support for the particular need.

Other evidence demonstrated relevance for people with a learning disability including ‘resident’s social stories’ and ‘all about me’ books which use picture cards to explain a number of areas important to the resident. A sample detailed individualised risk assessment was reviewed that set out the daily living activity, level of risk and measures to minimise the risk.

The provider also submitted a “Low Laithes Village improvement plan 2011”, which sets out a range of actions for improvement relevant to a number of our outcome standards. A section on the ‘provision of direct care and support’ included an action to provide a broader range of vocational activities on and off site for residents. This had resulted in the appointment of a ‘vocational programme coordinator’. One action identifies the review of current arrangements for the deployment of staff working one to one with the same resident with the aim of improving better levels of engagement.

On the site visit conducted 29 March 2011 we found that the care and welfare of people who use the service were being met. We observed positive interaction, care and management of an individuals needs for a number of residents. For example, we observed general interaction between some residents and support staff, an arts activity session, and the management of a resident who was displaying challenging behaviour. Each individual had a detailed range of documentation to support daily care. We found areas for improvement in relation to documentation though these are explained at outcome 21.

We talked to a number of support staff and team leaders who understood their resident’s needs and what they should do when various scenarios were posed to them. We talked to the recently recruited vocational programme coordinator and assistant psychologist. This team are working closely to link activities available with psychological and behavioural assessments to develop individual activity plans to meet the needs of each individual resident to ensure meaningful activity. We saw that a wide range of activities were available on site, for example, horticulture and art activities along with individualised activities provided externally such as horse riding and attendance at a range of life-skills development opportunities. The coordinator explained that a range of new activities will develop as the year progresses.

We found no evidence on the site visit that suggested there were areas of non compliance with this outcome.

**Our judgement**

We found people who use services generally experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 5: 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 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

We did not request a 'provider compliance assessment' for this outcome. The provider voluntarily submitted a range of supporting evidence, some of which was relevant to this outcome. We reviewed two anonymised individual support plans, which were completed in detail for 'diet, nutrition and meal times'. Another individual support plan demonstrated how a resident is assisted in preparing their own meals.

The providers "Low Laithes Village improvement plan 2011", included an action to provide a new catering kitchen with the proposed outcome of ensuring "people will have a wider choice and availability of healthy nutritional meals". Work was reported as commenced in February 2011. The summary of mandatory training record submitted by the provider showed that 84% of staff had undertaken 'food hygiene'

session within the last 12 months.

On the site visit conducted 29 March 2011 we reviewed individual plans in relation to nutrition. We found each resident's daily journal (which records care) includes a dedicated section to record nutritional intake and includes a section for each meal that records the portions eaten of the recommended 'five a day' fruit and vegetables. We viewed the kitchen area where the chef can prepare 'special diets' which we found clean, tidy, spacious and uncluttered. The site also has a "Lite Bites Café" where residents can buy snacks and drinks and may do paid work. Each flat has a spacious domestic kitchen where resident's can cook their own food with assistance from support staff. It was explained that there is a provision's budget to buy in food and we saw that homemade scones had been made on the day of our visit.

We have no information that suggests there are areas of non compliance with this outcome.

### **Our judgement**

We found evidence that people who use the services were supported to have adequate nutrition and hydration. No areas of concern were identified during the assessment of this outcome for this location.

# Outcome 6: 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 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.  
An individual annual review report was reviewed for a resident and stated “[Parents] praise was also given for the joint working that had happened with the changes” (The resident had moved to Low Laithes Village from another local authority area).

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.  
  
As part of the planned review some external stakeholders were also contacted so they could contribute to this review. Various departments of Barnsley Council were contacted. The council contracts team had undertaken a recent ‘quality improvement visit’ 28 January 2011 and noted no areas of specific concern. The council’s safeguarding and complaints departments had no recent areas of concern to report. We have not previously received information of concern from other local authorities who are responsible for an individual’s placement at this location.

We did not request a 'provider compliance assessment' for this outcome. In the self assessment for outcome four the provider explained, in relation to people with a learning disability having an health action plan, that some local services had been very responsive such as dentist and optician. However this had been less so with general practitioners, though the location reported that it is undertaking work with local general practices and the primary care trust to develop better working relationships.

We have no information that suggests there are areas of non compliance with this outcome.

### **Our judgement**

We found processes in place to ensure people who use services receive safe and coordinated care, treatment and support where more than one provider may be involved, or where they are moved between services. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

## Outcome 7: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

##### Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

As part of the planned review some external stakeholders were also contacted so they could contribute to this review. Various departments of Barnsley Council were contacted. The council contracts team had undertaken a recent 'quality improvement visit' 28 January 2011 and noted no areas of specific concern. The council's safeguarding and complaints departments had no recent areas of concern to report.

During 2010 some areas of concern occurred relating to two safeguarding matters notified to ourselves. These were investigated by the provider and actions resulted with agreement with the local authority, which resulted in a strategy meeting before

the areas of concern being closed.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The location set out information, which explained in detail how this outcome was being met. In addition, the provider submitted evidence to support this outcome, for example, we reviewed an anonymised individual support plan for 'safeguarding, rights and having a say', an individualised resident's risk assessment, 'individual behaviour support plan' along with summary of where physical interventions may have been required.

On the site visit conducted 29 March 2011 we talked to a number of staff members. We posed a scenario based question in relation to safeguarding and those we spoke to understood their role in protecting and reporting the incident should it occur. All staff we talked to was aware who was Low Laithes Village named designated person for safeguarding.

We have no information that suggests there are areas of non compliance with this outcome.

### **Our judgement**

We found systems and processes in place to help ensure people who use services are protected from abuse, or the risk of abuse, and their human rights upheld. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 8: Cleanliness and infection control

## What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

The provider had recently undertaken a “relative’s questionnaire” which was sent to 19 relatives and 10 responded. Out of the nine questions one was relevant to this outcome. When asked if satisfied with cleanliness and comfort of the accommodation 60% of relatives were either satisfied or very satisfied. One comment noted the accommodation was “of the highest standard” but some relatives suggested that “it could be a lot cleaner”.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The location set out information, which explained in detail how this outcome was being met. We found that the self assessment demonstrated that the provider had clearly referenced and understood the application of ‘*Code of Practice for health and adult social care on the prevention and control of infections and related guidance*’ issued by the Department

of Health. The self assessment included two areas where the provider had included action plans. One related to review of policies regarding criteria one and nine and the other we considered was not directly applicable to this outcome.

On the site visit conducted 29 March 2011 we found the site to be clean, tidy and free of unwanted smells. We found appropriate hand washing facilities in communal areas and we reviewed the cleaning rota for communal areas. Each resident's flat has an individual cleaning and temperature folder, which records when the flat is cleaned. Where possible, people who reside in each flat clean their own rooms with assistance where required.

We found an inappropriately and unsupervised commercial mop and bucket in the art's building entrance area. We told the general manager who explained that this item should not have been stored there and was removed.

We found no evidence on the site visit that suggested there were areas of non compliance with this outcome.

### **Our judgement**

We found people who use services had received care in a clean environment with measures in place appropriate to a residential setting. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 9: Management of medicines

## What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

## What we found

### Our judgement

**The provider is compliant** with outcome 9: Management of medicines

### Our findings

#### What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

#### Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The location set out information, which explained in detail how this outcome was being met. For example, each resident has a ‘how I take my medications’ support plan and to support residents’ understanding why they need medication a range of communication tools were reported as being used, including easy reading sheets along with social story cards.

An Hesley Group “quality audit 8 March 2010” noted that various areas relating to medications were being “met” in this audit. On our site visit we reviewed

documentation for a sample of resident's and found each folder contained each medication's individual 'patient information leaflets', with support plans and recording of medications received.

We have no information that suggests there are areas of non compliance with this outcome.

**Our judgement**

We found systems and processes in place to ensure people who use services had received their medicines when they needed them and in a safe way. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

The provider had recently undertaken a “relative’s questionnaire” which was sent to 19 relatives and 10 responded. Out of the nine questions one was relevant to this outcome. When asked if satisfied with cleanliness and comfort of the accommodation 60% of relatives were either satisfied or very satisfied. One comment noted the accommodation was “of the highest standard”.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

As part of the assessment of this location the provider submitted a ‘provider compliance assessment’ record for this outcome. The location set out information, which explained in detail how this outcome was being met. In addition, the provider submitted evidence to support this outcome, for example, we reviewed a health and safety report and recent audit, which covered areas relating to premises.

On the site visit conducted 29 March 2011 we found the premises to be spacious, modern, and suitable to meet the needs of people with a learning disability and well maintained. The location includes a number of spacious communal areas, for example, arts and crafts rooms, community hall, café, information technology room and various other spaces. The site, though situated relatively close to Barnsley town centre, is located in an area of countryside which allows areas of large open space in a peaceful environment.

We found the buildings have fire alarms and equipment along with emergency lighting. The arts and crafts building did not have a 'fire evacuation plan' located on the wall and we informed the general manager so this could be actioned. We talked to a number of staff members who explained how they would evacuate the buildings should an emergency occur. All large commercial waste bins are located in an enclosed lockable compound.

We found no evidence on the site visit that suggested there were areas of non compliance with this outcome.

### **Our judgement**

We found people who use services and people who work in the location are in safe, accessible surroundings that promote their wellbeing. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

##### Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

We did not request a 'provider compliance assessment' for this outcome. In the self assessment for outcome 10 the provider included statements relevant to this outcome, for example, in relation to the testing and management of equipment. The providers "Low Laithes Village improvement plan 2011", included an action which explained how new 'personal protective equipment' (PPE) had recently been purchased to assist in protecting staff members when experiencing challenging behaviour from people who use services.

We have no information that suggests there are areas of non compliance with this outcome.

**Our judgement**

We found no gaps in assurance that may suggest people who use services or staff members would be put at risk from unsafe or unsuitable equipment because measures are in place to ensure that equipment is properly maintained, suitable for its purpose and used safely.

# 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**  
It was not possible to gain the direct views of people who use the service for this outcome.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

In December 2010 CQC received an anonymous phone call raising an issue of concern relating to this outcome. It was alleged that some support staff were working un-supervised prior to a satisfactory CRB check being received by the provider. CQC requested the manager conduct an investigation who responded immediately with the results of an investigation. The investigation report was satisfactory and we decided no further action was required at that time.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The location set out information, which explained in detail how this outcome was being met. The providers "Low Laites Village improvement plan 2011", included actions in relation to recruitment

and selection, for example, involving residents in the recruitment and selection processes for all posts available. The action plan also explained that a three week induction is now undertaken along with initial 'shadowing' of more experienced carers to allow new staff members to become familiar with the residents.

Due to previous concerns relating to this outcome we undertook a review on the site visit of all staff files of those recruited over the last three months. The general manager provided files for 15 staff members and of those we reviewed we found appropriate employment checks had been undertaken and each file contained relevant documentation. We also reviewed the CRB records sheet for the location to check these had been completed and we did not identify any area of concern.

### **Our judgement**

We found no evidence that recruitment and selection procedures for workers were not effective. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 13: Staffing

## 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 sufficient numbers of appropriate staff.

## What we found

### Our judgement

The provider is compliant with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

In February 2011 UNISON (trades union) wrote to the Health and Safety Executive (HSE) regarding four areas of concern raised by it's members who work for the Hesley Group, though it was not clear which of the Hesley Group's locations it referred to. One of the concerns did not fall within the remit of the HSE and this was forwarded to CQC 1 March 2011. The concern outlined was that regular inadequate staffing levels has lead to fewer staff on duty than required according to residents care plans. Another concern outlined was that staff rarely get a meal break during their shift (this will be reviewed by the HSE). The "Low Laithes Village improvement plan 2011", includes an active recruitment plan to increase numbers of appropriately qualified staff.

We did not request a 'provider compliance assessment' for this outcome. However, other evidence submitted by the provider suggested a range of areas of improvement are being undertaken in relation to staffing (see some examples in outcome 12). It was reported a review is underway to identify alternative models for staff deployment to benefit people who use services and to lessen potential stress of staff members, who previously cared for residents on a one to one basis for an whole shift. The provider reported that this had been now actioned.

A training statistics sheet, along with the self assessment for outcome 14 explained that currently 79% of support staff are registered with an NVQ level 2 qualification with a further 20% registered to undertake the training.

We were concerned that the improvement plan included two actions regarding staff working overtime and double shifts because this may mean staff members become fatigued and would therefore be less able to maintain safe ongoing care for people who use services. However the provider is undertaking measures to reduce this matter.

We were concerned that the location may not be fully compliant with this outcome. On the site visit conducted 29 March 2011 we discussed these areas of concern with the general manager who showed us evidence and explained the use of double shifts and overtime, which we found was being actively managed. In relation to staffing levels we reviewed the site duty rota for the current month of March. On the day of our site visit there were 18 residents with 22 support staff on duty. In addition there were managers on duty that covered each "house", along with the general manager. The general manager also explained how there is an active recruitment programme, which ensures new staff are recruited prior to the acceptance of new residents.

We also talked to a number of staff who generally felt there were adequate numbers of staff on duty to meet the needs of resident's. Staff members we spoke to also explained that they get 'breaks' during a span of duty (cover is provided by the house manager on duty who are otherwise supernumerary. Staff members had a diverse range of previous experiences and those who had been more recently recruited explained how they had received induction followed by a period of 'shadowing' more experienced support staff prior to directly caring for resident's for a span of duty.

We checked average sickness levels which through 2010 were running at 4%, and as a further example, in January 2011 long term sickness was 1.64% and short term 3.38%. These figures are positive and give no cause for concern.

We found no evidence on the site visit that suggested there were areas of current concern with this outcome.

### **Our judgement**

We found people who use services should be safe and have their health and welfare needs met by sufficient numbers of appropriate staff. No gaps in assurance

or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 14: Supporting 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 competent staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

As part of the assessment of this location the provider submitted a 'provider compliance assessment' record for this outcome. The location set out information, which explained in detail how this outcome was being met. A training statistics sheet submitted by the provider showed that a range of training is offered and undertaken by staff members in addition to standard mandatory training. A summary of attendance of mandatory training for the period 2010 to 2011 showed uptake was variable. For example, a lower percentage has undertaken safeguarding children and adults training (66%).

The "Low Laithes Village improvement plan 2011", includes a section on areas to improve continuous professional development, including measures to increase access to local training, for example, courses run by Barnsley Council. An Hesley

Group “quality audit 8 March 2010” noted that the Hesley group requirement for it’s staff members to receive regular supervision is improving but only “partly met”.

On site visit conducted 29 March 2011 we reviewed uptake of mandatory training with the general manager based on a 12 month period covering 2010. Mandatory training is delivered via a rolling programme rather than a defined period and the general manager also explained that the programme had recently changed. We were able to establish that the previous information submitted did not capture all attendee’s to refresher training and in fact 111 staff out of 129 (86%) staff had received mandatory updates for safeguarding adults training. We talked to a number of staff during the site visit that who told us that there was “lots of training available”.

We reviewed numbers of care staff who had received an appraisal in the last 12 months and it was evidenced that 86% had received an appraisal with 6% overdue. The rest were either on sick or maternity leave. All staff we spoke to on the site visit explained that they received regular supervision meetings with their line managers.

We found no evidence on the site visit that suggested there were areas of non compliance with this outcome.

### **Our judgement**

We found evidence to demonstrate that people who use services would have their health and welfare needs met by competent staff members who have received training, supervision and appraisal. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

It was not possible to gain the direct views of people who use the service for this outcome.

##### Other evidence

The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

As part of the planned review some external stakeholders were also contacted so they could contribute to this review. Various departments of Barnsley Council were contacted. The council contracts team had undertaken a recent 'quality improvement visit' 28 January 2011 and noted no areas of specific concern. The council's safeguarding and complaints departments had no recent areas of concern to report. We have not previously received information of concern from other local authorities who are responsible for an individual's placement at this location.

We did not request a 'provider compliance assessment' for this outcome. The provider submitted a range of evidence that demonstrates active monitoring of service provision to seek improvements, for example, health and safety reports and audit. The provider submitted several provider visit reports including night-time visits that show a range of areas are monitored. Two monthly improvement action plans show the location works to improve service provision. The quality report provides a detailed review of a number areas with recommendations for action where necessary along with an assessment of if the area of review is being met.

These reports demonstrated that the provider reviews it's own service provision and seeks to either meet expected standards or improve standards generally.

We have no information that suggests there are areas of non compliance with this outcome.

### **Our judgement**

We found effective systems were in place to assess and monitor the quality of service provision so that people who use services will benefit from safe quality care, treatment and support due to effective decision making and the management of risks to their health, welfare and safety. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

The provider had recently undertaken a “relative’s questionnaire” which was sent to 19 relatives and 10 responded. Out of the nine questions one was relevant to this outcome. When asked if satisfied with the complaints procedure and how complaints are handled 70% of relatives were either satisfied or very satisfied, with one comment stating “I would not hesitate to contact Hesley”.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

We did not request a ‘provider compliance assessment’ for this outcome. The provider submitted evidence toward other outcomes that are directly relevant to this outcome. For example, the residents complaints summary in picture board format.

The complaints and complements log for 2010 contained three separate complaints made during the period and included actions and responses. The provider also submitted it's own detailed policy and procedure for complaints.

We have no information that suggests there are areas of non compliance with this outcome.

**Our judgement**

We found evidence that comments and complaints were listened to and acted on effectively. No gaps in assurance or areas of concern were identified during the assessment of this outcome for this location.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**There are minor concerns** with outcome 21: Records

### Our findings

**What people who use the service experienced and told us**  
It was not possible to gain the direct views of people who use the service for this outcome.

**Other evidence**  
The provider declared compliance with this outcome at this location at registration with CQC October 2010. Our quality and risk profile (QRP) contained no information of concern.

We did not request a 'provider compliance assessment' for this outcome, although evidence and self assessment documents for other outcomes submitted by the provider suggest there are no direct areas of concern relating to this outcome. An Hesley Group "quality audit 8 March 2010" raised some concerns that various areas of assessment and planning documentation for people who use services is not consistently completed in relation to the providers own expectations, though we reviewed this during our assessment of outcome four.

On the site visit conducted 29 March 2011 we reviewed resident's care records. Each resident has a detailed but complex number of documents directly relating to their care and welfare.

Each resident has a daily journal log. These include a document for each day which is bound into a monthly journal log. Each daily log captures a range of information, including a section capturing nutritional intake for each meal, a reflective log completed in detail by support staff during and at the end of each span of duty along with a table capturing regular night time checks. We found these logs to contain valuable information and it was clear from the sample we reviewed that care staff take put considerable effort in completing them. We found the journal logs were maintained to a good standard. Staff members we spoke to on the site visit explained they liked these journals and informed them how each individual's day had been.

A separate folder also exists for each resident. These contain a range of information, including individual risk assessments, support plans which set out aspects of care, medications patient information leaflets and other documents that may be relevant to the individual. It was explained by staff members that each support plan should be reviewed regularly and/or updated as required during a span of duty. Of the sample reviewed on site we found updating and review was irregular, for example, one support plan had written entries with dates between entries of 23 August 2010 to 22 January 2011. Some other plans had entries with date which was earlier than the date of the previous entry. We identified, through discussion with staff, that the location expects these plans to be reviewed between monthly and six-weekly.

It was not clear how the support plans link with the daily journal log documentation. Some residents had a large number of support plans (well over 20), and given the thickness of the folder would make access and review of the plans difficult for staff members to read and update. In one folder we found a standardised risk assessment that had not been individualised, signed or dated. In another record we found a detailed individualised risk assessment, which had been previously audited on 23 March 2011 with an action to chase missing signature and date. On the site visit 29 March 2011 this had yet to be actioned. Some staff explained that there was rather a lot of documentation for them to complete and the large folders did make it difficult at times to review the information.

We were concerned that the folders containing support plans and other information do not have a clear link with the daily journal. The number of documents and amount of individual support plans appeared to make it difficult for staff members to update and review them regularly and key documents such as individualised risk assessments are not always signed, dated and may be difficult to find and read. It was not clear on the site visit how any previous records audits are actioned and followed up to ensure a good standard of record keeping is maintained in relation to support plan reviews and risk assessments.

### **Our judgement**

Overall we found that the location was meeting this outcome but found some areas where improvements may be made. We found a good standard of record keeping in relation to resident's daily journals. We were concerned that the folders containing support plans and other information do not have a clear link with the daily journal. The number of documents and amount of individual support plans appeared to make it difficult for staff members to update and review them regularly and key documents such as individualised risk assessments are not always signed, dated and may be difficult to find and read. It was not clear on the site visit how records audits are actioned and followed up to ensure a good standard of record keeping is maintained in relation to support plan reviews and risk assessments.

## Action

we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require personal or nursing care. Treatment of disease, disorder or injury.	20	Outcome 21: Records
	<b>Why we have concerns:</b> We were concerned that the folders containing support plans and other information do not have a clear link with the daily journal. The number of documents and amount of individual support plans appeared to make it difficult for staff members to update and review them regularly and key documents such as individualised risk assessments are not always signed, dated and may be difficult to find and read. It was not clear on the site visit how records audits are actioned and followed up to ensure a good standard of record keeping is maintained in relation to support plan reviews and risk assessments.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

# 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

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