

# National Autistic Society (The) Hoylands House

## Inspection report

Silkstone  
Barnsley  
South Yorkshire  
S75 4NG

Tel: 01226792272  
Website: [www.autism.org.uk/yorksandhumber](http://www.autism.org.uk/yorksandhumber)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hoylands House is a residential care home providing personal care to up to 8 people with a learning disability and autistic people. At the time of our inspection there were 6 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right support:

Staff supported people to have some choice and control in their everyday lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Their ability to do this had been impacted by staffing shortages in the service which meant people were not always able to attend planned events and sometimes had to share support. The registered manager told us they had struggled to recruit staff. Staff recruitment is a known difficulty across the adult social care sector.

### Right Care

People were not always supported by enough staff on duty who had been trained to do their jobs properly. The provider used effective infection, prevention and control measures to protect people from infection control risks. We were assured that the provider was using PPE effectively and safely. Staff supported people safely with their medicines and worked with health professionals to achieve good health outcomes. People lived in a safe and well-maintained environment which was set up to maximise their independence.

### Right Culture

There were a number of areas we identified as requiring improvement during the inspection. Whilst the provider had systems in place to identify these, the systems had not been effective in ensuring the required changes had been made in a timely way.

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

### Rating at last inspection

The last rating for this service was good (published 11 December 2018).

### Why we inspected

We received provider level concerns. During the inspection we identified concerns relating to the staffing levels, staff training and governance.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We looked at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hoylands House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Hoylands House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hoylands House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 November 2022 and ended on 07 December 2022. We visited the service on the 22 November 2022 and 1 December 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way or they chose not to speak with us. We spent time observing people and staff interacting. We received feedback from 5 relatives and 13 care staff including the deputy area manager, the registered manager and the deputy manager.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from two professionals that visited the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff had been recruited safely but there was not always enough staff to keep people safe.
- The registered manager explained in the last year a number of staff had left the service and they had major challenges recruiting staff. This had an impact on the service as experienced staff who knew people well had left the service, as well as shortfalls in staff availability. Regular agency staff were in place to manage shortfalls in staffing numbers. Efforts were made to use the same agency staff to ensure familiarity with people's needs.
- We saw five weeks of rotas which showed the service at times operated at below their assessed numbers for parts of the day. This meant people's opportunities to leave the service, or take part in activities in the service, were limited. One relative said sometimes their family member had to wait to go out until a staff member was available.

The provider had failed to ensure there were sufficient staff deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were safely recruited to the service as relevant background checks had been carried out.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew them well and understood how to protect them from abuse.
- Staff we spoke with understood what it meant to safeguard people from abuse. In discussions, staff could describe how they would report concerns within the home.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded and measures put in place to reduce risk.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and

store medicines safely. One relative said, "I have no concerns about medication they [staff] are very careful. There have been occasional issues, but they [staff] are always open and honest, if there are any concerns."

- People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.

#### Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The provider had good arrangements for keep premises clean and hygienic.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

It was positive to see people, receiving visitors in the home again.

#### Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.





# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always been equipped with the skills and knowledge needed to meet people's needs safely. For example, the provider's positive behaviour support policy stated that all staff should be trained in the physical intervention system relevant to their area. However, records showed there had been an incident of restraint involving an agency member of staff that had not had the required training. Following the incident, the provider had taken immediate action to ensure all staff were trained in positive behaviour support and restraint.
- Training records showed gaps in staff training. For instance, 5 staff had not completed training in first aid and there was no record of staff completing training in mental health and oral care as required by the providers own policy.
- Staff gave us different accounts about the level of training and support. Some staff told us they were confident staff could meet people's needs safely. While other staff said they felt staff needed access to more good quality training in autism, positive behaviour support, communication tools, mental health and all restrictive interventions. Some staff felt the lack of specialist training had contributed to a decline in the quality of the service.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Support plans had information about people's dietary needs, their preferences or cultural dietary requirements.

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

- The management team had completed an assessment before each person started to use the service to ensure they were able to meet their care and support needs.
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's

communication support and sensory needs.

- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to stay healthy and referred people to other healthcare professionals as required. For example, we saw speech and language therapy (SALT) assessments in place for people who had difficulties with communication, eating, drinking or swallowing.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The design, layout and furnishings in a person's home supported their individual needs. One relative told us, "They have made a lot of improvements to the building to try and give people space and to meet the needs of the people living there."

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People had health actions plans which were used by health and social care professionals to support them in the way they needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were relevant and followed the requirements of the MCA. There was evidence of relatives' and relevant health and social care professionals' input into decision-making where necessary. DoLS conditions were adhered to, and regular reviews took place to ensure they were still applicable.
- People were involved in decisions about what to do throughout the day, although their choices were sometimes limited due to low staff numbers.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff had not always been equipped with the skills and knowledge needed to meet people's needs safely.
- Staff stated, and rotas showed, they were often working with reduced staffing levels which then impacted on people.
- Staff had mixed feelings about the support they received from the management team. Some staff were positive and told us they felt they could go to the management team with their concerns. In contrast, other staff said there was a lack of communication and consistency from management.
- Relatives told us the service was well run and the registered manager was open and honest. Comments from relatives included, "There's not a stable staff base" and "For most part staff are well trained but some need a little more training." Other comments included, "The registered manger is down to earth and never glosses over anything and things can be really challenging" and "All the managers are brilliant in their role. I have nothing but praise for them. They have brought stability into [person's] life at Hoylands and they have my full trust."

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audits included; medicines, infection control, care plans and health and safety. The results were analysed to determine trends and to introduce preventative measures.
- Policy and procedure documentation were up to date and relevant to guide staff on how to carry out their roles.

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

- Staff supported people to have choice and control in their everyday lives. However their ability to do this had been impacted by the lack of appropriate training and staffing shortages in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager apologised to people, and those important to them, when things went wrong.

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Throughout the inspection the management team were honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- The provider used accessible information to gain feedback people from people who used the service. For example, signs and symbols, visual aids easy read information.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider engaged and worked in partnership with others. Comments from visiting professionals included, "I find that the management raise clinical concerns in a timely manner and they are good at liaising with us on behalf of the residents and their families" and "[Person] receives effective and person centred care to meet their needs. Staff have a good understanding of their condition through training and are well supported by management."
- The provider kept up to date with national policy to inform improvements to the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure there were sufficient staff deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider did not have effective systems in place to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties.</p>