Options Autism (2) Limited

Options Roxby House

Inspection report

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Date of inspection visit: 18 and 19 June 2015
Date of publication: 18/11/2015

Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Overall summary

This inspection took place on 18 and 19 June 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service. There was a manager registered with the Care Quality Commission (CQC); they had been registered since 13 March 2013. At the last inspection on 10 July 2013, the registered provider was compliant with all the regulations we assessed.

Roxby House is a care service providing accommodation and personal care for up to thirty younger adults with a learning disability and autistic spectrum disorder. There were twenty eight people living at the service on the day of our inspection. Roxby House consists of four separate units.

Each unit provides either individual or shared occupancy flats for between two to four people. The single occupancy flats are fully equipped and comprise of a kitchen, lounge/diner, bedroom and en-suite bathrooms which includes either a shower or bath depending on the individual's needs. The shared flats comprise of; a communal kitchen, lounge/diner, toilet, laundry and bathroom and shower room; some also have a

Summary of findings

conservatory. Each person has their own individualised bedroom. Every unit has access to a patio or garden area. People who use the service have access to the facilities on site which include; a café, sports hall, farm, woodland area, cycle track, sensory room, computer room, gardening, woodworking, music room, hydrotherapy pool and hairdressing salon.

An outstanding feature of Roxby House was the time spent developing the service, using innovative and flexible ways to support people to move forward. They were seen to constantly adapt and strive to ensure people were able to achieve their full potential. Over a period of time we have seen people be supported to develop and move on to more independent living..

We found personalised programmes and flexible staffing enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service'.

There was a strong person-centred culture apparent within the service. [Person centred means care is tailored to meet the needs and aspirations of each individual]. People told us they felt included in decisions and discussions about their care and treatment. Staff described working together as a team, how they were dedicated to providing person-centred care and helping people to achieve their potential. Staff told us the registered manager led by example, had a very 'hands on' approach and was visible within the service, making themselves accessible to all.

The people who used the service had complex needs and were not all able to tell us fully about their experiences. We used a Short Observational Framework for Inspection [SOFI] to help us understand the experiences of the people who used the service. People's language difficulties meant we were only able to speak with five people who used the service and have limited discussions with them.

We observed staff treated people with dignity and respect and it was clear they knew people's needs well.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge required to support the people who used the service. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work. There were sufficient staff on duty to meet people's health and welfare needs.

People's nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support. We saw staff monitored people's health and responded quickly to any concerns.

Systems were in place to protect people from the risk of harm or abuse. Staff had received training in dealing with concerns and complaints and knew how to report any concerns. Medicines were ordered, stored, administered or disposed of safely. Personalised support plans had been developed to ensure people received their medicines in line with their preferences.

We saw people had assessments of their needs and care was planned and delivered in a person-centred way. Throughout our inspection we saw the service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives. People

participated in a range of personal development programmes. They accessed a range of community facilities and completed activities within the service. They were encouraged to follow and develop social interests and be active and healthy.

Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on best practice guidance and least restrictive practice to support people's safety. The guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

People lived in a safe environment that had been designed and adapted to meet the specific needs of people who used the service. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions. There was a system of audits, checks and analysis to identify shortfalls and to rectify them so the quality of care could continually be improved and developed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The registered provider had systems in place to manage risks and for the safe handling of medicines. People told us they felt safe and the service was good.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Is the service effective?

Outstanding

The service was very effective. Staff supported people in innovative ways to obtain their views and wishes in relation to their care.

People were supported to be involved in decisions about their care and treatment using communication systems that were appropriate to their needs.

Arrangements were in place for people to receive appropriate healthcare when this was required. Staff worked with healthcare professionals to

ensure they could support people effectively and understood their individual needs.

We found the service was meeting the requirements of the Deprivation of Liberties Safeguards [DoLS]. Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves.

The environment had been designed and arranged to provide positive living, learning and social experiences. There were extensive facilities on site to support people's care, therapy and leisure needs and where they were able to practice and develop skills they would need to live independently.

People were supported by a team of well trained and skilled staff. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work. Staff were supported through regular supervision to reflect on their practice and a mentorship scheme was in place to help them to progress with their career.

Is the service caring?

Good

The service was caring. Staff were enthusiastic and well-motivated; people who used the service told us that the service was, "Fantastic."

People who used the service were supported to maintain important relationships. People's opinions were important to staff and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities.

People were encouraged to be as independent as possible, with support from staff. Staff were knowledgeable about people's individual care needs.

Summary of findings

Is the service responsive?

Outstanding 

The service was very responsive to people's needs. People's care was based around their individual needs and aspirations. Staff understood individual's complex communication needs and supported them to achieve their goals and increasing independence.

Care and support needs were kept under review and staff responded quickly when people's needs changed.

The service had creative ways of ensuring people led fulfilling lives. People were supported to make choices and have control of their lives.

People were encouraged to take part in chosen activities and visitors were made welcome at the service.

Is the service well-led?

Outstanding 

The home was well-led. The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care which supported learning and innovation.

The culture of the organisation was open, transparent and inclusive, which enabled staff to feel able to raise concerns. There was a range of methods for staff to be included in the development of the service and to express their views.

Staff worked as a team; they were dedicated to providing person-centred care and helping people achieve their potential. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

The service worked in partnership with key organisations including specialist health and social care professionals. They provided training for community based services in order to promote understanding and inclusion.

Options Roxby House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 and 19 June 2015 and was unannounced. The inspection team consisted of one adult social care inspector who was accompanied by an expert by experience. The expert by experience is someone who had used health and social care services for people with learning and physical disabilities.

We did not request a Provider Information Return (PIR) prior to the inspection.

Prior to the inspection we spoke with the local authority contracts and performance team about their views of the service and received a report they completed of their last visit to the service; no concerns were raised. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who used the service, the relatives of three people who used the service and two professionals. We also spoke with the registered manager, two deputy managers, one house manager, and five support staff.

We looked at the care files of four people who used the service. Other documents seen included medication administration records and accident and incident reports. We reviewed how the service used the Mental Capacity Act 2005. We looked at a selection of other documents relating to the management and running of the service. These included four staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance and equipment records.

Good

Is the service safe?

Our findings

People who used the service told us they felt well cared for and safe within the service. Comments included, "If I am worried about something, I speak to the staff; they listen to me here and help me to find a way of sorting it out."

Relatives told us they felt their family member was safe and comments included, "Yes, he is 100% safe. I have never had any cause for concern" and "Absolutely, they liaise with us very well and inform us of everything that is going on. They are totally transparent." Professionals told us, "I have always been very impressed with everything there and although people have high levels of need, their independence is promoted."

The registered provider had policies and procedures in place to direct staff in safeguarding vulnerable people from harm or abuse. Policies and procedures were on display throughout the service and available in easy read format. As well as the services and local authority safeguarding tools, an additional 'cause for concern form' was also in place. This form was available for use by both people who used the service and for the staff team and was available in both written and other suitable formats. It was used to share any concerns they may have, for example, staff practice. These forms were then submitted to the registered manager or other senior manager who would review the information and take appropriate action where this may be required.

During our discussions with staff about how they safeguarded people from the risk of abuse, they confirmed they had received safeguarding training and were able to describe the different types of abuse and the action they would take to report concerns. The registered manager had received safeguarding training and we saw they had followed policies and procedures when reporting incidents. We found that when the local authority safeguarding team had asked the registered manager to investigate areas of concern, these had been completed appropriately and in a timely way.

The registered provider's risk management policies and procedures promoted the ethos of supporting people to have as much freedom and choice in their lives as possible. Staff we spoke with told us they understood people needed to be exposed to some risks as part of their development as long as it was planned for and they were not put at unacceptable risk. They gave examples of people where, although it may not be appropriate for them to have open access to their kitchen, with appropriate risk assessments in place and staffing levels they could be supported and enabled to prepare their own meals.

The care files we looked at contained assessments of risk for all areas where a need had been identified. These included: going out into the community, taking medication and behaviours that may challenge the service or others. Risk assessments were developed with people and their representatives and identified any risks; they showed how people had been supported to reduce these risks. They were reviewed and updated as needed and changes were discussed with the person involved. Relatives confirmed they were consulted and involved in this process.

Accident and incidents were reported in detail and these included any triggers identified and all actions taken following the incident. In situations where incidents were of a more serious nature, staff immediately contacted senior staff for advice and support. All reports were reviewed by the registered manager and senior management team who took any further actions needed to reduce risks. Staff spoken with confirmed that incidents were regularly discussed at staff meetings, house meetings and at handover meetings, to identify triggers and how they could enable people to reduce the risk of any reoccurrence of incidents.

The registered manager described the procedures in place for dealing with foreseeable emergencies. Each person who used the service had a 'disaster planning consent form' which identified where they would be accommodated in the short term whilst alternative arrangements were made within the wider organisation. Roxby House is one location which is part of a large organisation. There are other locations situated a short distance away and their facilities could be used on a temporary basis. Individual care plans identified how people would be evacuated in the event of a fire. Designated first aiders and first aid boxes were also available throughout the service.

In discussions with staff they told us they felt there were sufficient numbers of staff on duty to meet people's assessed needs. One person told us, "There is definitely enough staff; we always have the right amount of staff as identified, whether it is 2:1 or 1:1. Additional staff can also be summoned at any time if they are needed." They also said, "We work as a team at all times and support each

Good

Is the service safe?

other in order to provide the best care and support we can to each individual" and "There are always enough staff on duty so that we can deliver the identified support in the way we should."

We looked at the recruitment files for four staff, one of whom had recently been employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service [DBS]. The recruitment process ensured that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults.

We found people received their medicines as prescribed. Medicines were obtained, stored, administered and recorded in line with good practice. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These indicated what the medicine was for and the maximum dose. Guidance was in place for staff when supporting people with epilepsy rescue medicine; this described the presentation of the seizure, when to administer the medicine and what to do if this was not effective. There was also information about each medicine, details of stock control checks and letters of instruction in respect of medicine changes from GPs.

Staff we spoke with were aware of the purpose of the medicines for each person and possible side effects. They told us that only staff who were trained had responsibility for the administration of medicines; this consisted of the registered manager and senior staff. The registered manager told us that, following medication training, staff were also assessed for their competency with medicines before they had any involvement in administering medicines.

We saw there was a system in place for ensuring equipment was safe. We checked a selection of records and saw equipment such as fire extinguishers, the fire alarm and portable electrical equipment was serviced regularly.

Outstanding ☆

Is the service effective?

Our findings

People told us how they were supported by staff to attend health appointments. One person told us, "The staff will help me to make an appointment to see the doctor or dentist if I need one." Another told us, "I choose what I want to eat and when I want to go to bed. I decide what I want to do and together we [the person and staff] plan for when we are going to do it. It doesn't matter what it is, we will do it."

Relatives told us, "I am informed and consulted about all aspects of their healthcare. When a dentist could not be sought we arranged with the service for staff to come with me to our family dentist, who knew him." Others told us, "[Name] has epilepsy and sees the neurologist regularly. It is always a senior member of staff who accompanies them and they always ring and give us feedback following the appointment." Professionals who visited the service told us, "They are always very well organised, so if for example bloods need to be taken, a best interests meeting will have been held, prior to the procedure being completed. The staff are very skilled at recognising early on when people are unwell and get in touch with us quickly. They are always organised and prepared and have a clear understanding of the people they support."

People received an outstanding level of care and support which enabled them to continually develop their life skills and independence. This greatly enhanced people's self-esteem, confidence and quality of life. The registered manager described how one person's reluctance to access community facilities had been severely limited by their anxiety when around the general public. By working with this individual to develop strategies to overcome these challenges, they had supported the use of an I Pad (hand held computers which can provide visual images) and headphones to enable the person to visualise and listen to things they liked and shut out the things impacting on their sensory difficulties. This strategy had been very successful in enabling the person to access community activities.

Another example given involved an individual who was reluctant to access any form of healthcare, because they became anxious while waiting in noisy environments. The staff discussed this with healthcare professionals and developed a system where they were able to ring ahead and the person would either be seen immediately or be able to wait in another area, away from the noisy waiting area. As a result of this, the person was less anxious and more tolerant of healthcare examinations and procedures.

People received highly effective care based on current best practice for people with autism. The service was accredited by the National Autistic Society, employed a behavioural specialist in autism to train staff and participated in a wide variety of forums to exchange information and best practice. Every effort was made to assist people to participate in and understand decisions about their care and support. For example, the registered manager described how one person, who is a selective mute, was more positively engaged in their care programme with the introduction of a talking mat system [communication symbols tool.] This helped the person to communicate they didn't like working in the garden and liked working in the café. Their activity programme was changed to stop the gardening activity and include more café sessions; the staff also added in the activity of washing pots to the café sessions as this was an activity the person was reluctant to complete when in their flat. This had led to less behavioural incidents in the person's flat. Where people lacked the mental capacity to consent to aspects of their care the service acted in accordance with current legislation and guidance.

People were enabled to lead more fulfilling lives by staff that supported them to take risks. One member of staff gave an example of a person who had previously found it difficult to wait their turn or queue for something they wished to purchase. Staff had liaised with the local fish and chip shop, who would contact them when they were ready for service, in order to allow them to accompany the person to the shop to purchase their own meal, before the shop opened to other customers. This agreement had continued and the person had continued to buy fish and chips, but has now developed more tolerance for waiting and would now wait in the queue to be served.

The Care Quality Commission [CQC] is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities

in relation to DoLS and had made applications to the local authority. On the day of our inspection visit, twenty seven of the twenty eight people who used the service were subject to DoLS authorisations.

Staff were aware of the DoLS, how they impacted on people who used the service and how they were used to keep people safe. The registered manager had notified the CQC of the outcome of the DoLS applications and had included the information in the provider information request (PIR) we received prior to the inspection. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed.

Staff had received training in the Mental Capacity Act 2005 [MCA] and followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions, staff were clear about how they gained consent prior to delivering care and treatment. They said, "We always ask people, some people may be able to respond verbally while others may use their body language or gestures to respond. It is all about knowing people. We also have communication support plans in place which help staff understand how each individual communicates." Staff showed us files they had developed with people to support and enable them to make choices. We saw where people had been assessed as lacking capacity, best interests meetings had been held, for example, prior to medical procedures being carried out.

A comprehensive induction and mentorship programme was in place for new staff and there was continuing training and development for established staff. The service ethos and practice was reinforced at house and staff meetings as well as one to one supervision sessions. Staff told us, "I love it here, every day is different and seeing people's progress and achievements is so rewarding."

A staff member, who had been recently appointed, praised the high level of induction, training and the opportunity to shadow experienced staff to draw on their skills and expertise and to allow them time to develop relationships with the people who used the service. They told us, "The training is very good, but having the time to go through support plans and observe how staff respond to situations is invaluable. The team were excellent role models; they offered me reassurance, support and knowledge and helped me develop confidence in my own skills." They told us an evening had also been arranged as part of their induction where they had the opportunity to meet families and people who used the service and share their experiences.

We looked at staff training records and saw that staff had access to a range of training both essential and service specific which included; safeguarding, food hygiene, first aid, health and safety, fire safety, moving and handling and infection control. The registered manager told us the induction provided new staff with the foundation knowledge for level 2 Diploma in Health and Social Care, which all staff were expected to complete. We saw all staff completed five days refresher training annually and two days PRICE [Protecting Rights in a Caring Environment] refresher training. The registered manager also told us that all agency staff used at the service had completed PRICE training to ensure they were competent and skilled to manage people's care safely.

Service specific training included autism, communication, epilepsy, person centred planning, deprivation of liberty safeguards and the Mental Capacity Act 2005. Further training was provided in least restrictive interventions and behaviour management strategies. These included autism specific staff training and protecting rights in a caring environment, which were British Institute for Learning Disabilities [BILD] accredited. In-house trainers and co-ordinators were available to support and advise with any aspects of behaviour management and risk assessment.

Staff spoken with told us, "The training is second to none because it is related back to everyday practice and support of the people who use the service. For example, we have in-house PRICE trainers. I find this has been really effective as they are able to observe situations and work alongside us to ensure we are implementing the least restrictive practice in each situation. We are encouraged to complete training and to put into practice what we have learnt; we are given lots of support and encouragement to develop."

Staff confirmed they had regular supervision meetings and appraisals with their line manager. This assisted staff and management to identify training needs and development opportunities.

We saw people had individualised communication plans and strategies to enable them to express themselves and overcome their limited verbal communication skills. Signs

Is the service effective?

and adaptations to the home were used to support people's needs and promote their independence. There were laminated signs around the home providing pictorial prompts about people's daily activities and useful reminders such as to wash their hands after using the bathroom.

The environment had been designed and arranged to provide positive living, learning and social experiences. There were extensive facilities on site to support people's care, therapy and leisure needs and where they were able to practice and develop skills they would need to live independently. For example, people had the opportunity to develop and practice their skills in the on site café, prior to accessing voluntary or paid work placements in the community.

The service had given considerable consideration to ensure a safe but homely environment was provided for people. One example was where people would not tolerate curtains or blinds at their windows, double glazing units had been purchased with an enclosed blind, which could be activated with a magnet, to ensure people's privacy and dignity was maintained. Each person had their own personalised bedroom. All rooms were furnished and decorated to a high standard and to people's individual preferences. Bedrooms contained people's personal belongings such as posters, toys, and photographs.

People had their nutritional needs assessed prior to admission. Care records contained risk assessments, preferences, likes and dislikes and the level of support people required in the preparation of meals.

We observed two people over the lunchtime period and three people preparing their evening meal with support from staff. They told us they had a meeting with their key worker every week to plan menus and prepare shopping lists, so they could have what they wanted to eat. Each of the meals was prepared from fresh ingredients and included a lasagne, a quiche and a pasta bake. Records were maintained which detailed the meals people had eaten or alternatives they had been offered.

People who used the service had a health action plan in place; this was available in pictorial format and contained relevant information for health professionals about the person and their health and personal needs.

We saw care files contained clear guidance for staff in how to meet people's assessed health needs. We saw people were supported to attend health appointments, for example, doctors, dentists and opticians. Where there was difficulty with supporting people in accessing community services, professionals liaised with staff to provide private consultations at Roxby House to ensure people's health needs were met. We saw that appropriate plans were in place to involve the person in how they could be supported to overcome their fears and make progress. For example, a person who had a phobia about hospitals was supported to visit the accident and emergency department. Staff rang the hospital and explained the person's phobia and how the reception and nursing staff could support them on their arrival.

A speech and language therapist and psychologist were employed by the organisation and were available for support and advice when this was required. These health care professionals worked with the individual, staff and other professionals to develop and implement support plans, risk assessments and behaviour support plans when needed. People were supported to become involved in the local community. The service had strong links with specialist schools, local mainstream colleges and local leisure facilities. The service encouraged people's involvement in the wider community to promote people's independence, improve their quality of life and avoid social isolation. Local resources were also invited on site to support and encourage people with healthy living initiatives such as cooking and leisure. These programmes provided by the local council supported people with a range of needs to experience new leisure activities such as archery, football, tennis and rounder's. The sports sessions have been so popular that they have continued each week.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and they respected their privacy. Others told us, "I like it here, I ask a lot of questions and the staff always listen to me." Other people told us, "I am really happy here; the staff look after me well and help us to learn to do things for ourselves" and "I wouldn't change anything here."

Relatives we spoke with told us, "The staff know him so well. We are invited to two reviews each year and they are planned around our availability. We are involved in all aspects of their care and decision making." Another relative said, "Their keyworker rings us regularly to discuss all aspects of their care and consults us, so there are no surprises when we go to reviews." External professionals spoken with said, "The staff have very good relationships with the people they support, both trusting and supportive. The care is well organised and staff know each individual well."

Personalised programmes and flexible staffing arrangements enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service'.

We saw there was a strong person-centred culture apparent within the service. People who used the service were supported to take the lead in their individual personal development plans and day-to-day activities. The plans in place consisted of accessing a range of activities, which were based on accredited life skills achievement awards. These ranged from making toast to travelling independently. On site facilities included a café and hairdressing salon, which people could use to develop social skills and experience what it would be like before going out into the community to use these services. All activities on site were conducted by a specialist trained worker.

People accessed planned activities both on site and within the local community. On site facilities included music, computing, gardening, animal care, cookery and hospitality skills; each session was run by qualified practitioners. The flexibility of staffing arrangements ensured people were able to access the local community and use public transport for further activities, including visits to the gym, swimming, cinema, shopping, theatre and the library.

Staff were trained to use a person-centred approach to support and enable people to develop their person-centred plans. We observed staff to be well-motivated and they interacted well with the people who used the service, consulting with them about all aspects of their daily life. Staff discussed their planned activities with them and established what they wanted to do and when they wanted to do it.

The registered provider used person-centred plans and good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped people to highlight what was important to them and identify any barriers they faced in achieving their aspirations. People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care records showed that people who used the service and their relatives were involved in assessments and plans of care.

Staff showed us files they had created with people who lacked verbal skills and explained they had been developed with people to involve them in the decision making process. For example, photographs were taken of different activities and from these the staff could discuss and record how people had participated in them and how they had responded when the picture was shown to them. This process continued on a regular basis to identify pictures they preferred and selected over a period of time to identify their preferences. Similar processes were also used to involve people in choosing their keyworkers.

An example given by the registered manager involved one person who appeared to have a particular interest in Disney media, whether this was advertised on the television or travel brochures and posters. Staff worked with the person and their relative over a period of time and later supported them to go on holiday with their relative to Disneyland Paris.

Care records were available in easy read format and other formats which people used to support their communication.

Staff confirmed they read care plans and more experienced staff had a keyworker role with specific people. Keyworkers told us they were involved in reviews and met with people

Good

Is the service caring?

who used the service prior to their reviews, to discuss what they wanted to talk about, who they wanted to attend and what they wanted to change. Where people were unable to express their view verbally other communication systems were used in order for them to express their preferences. Records showed that these preparations had taken place with the person and their core staff.

There was information about advocates on display in the service; we saw advocates had been involved in supporting people to make decisions about their care and treatment.

All of the staff spoken with had an in depth understanding of each person who used the service, their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with. During discussion, they were able to give clear examples for each individual.

People who used the service either lived in their own self-contained flat, or shared with other peers. Each flat was personalised and reflected people's personal taste. People who used the service told us their families were welcome to visit at any time and they regularly telephoned or used social media to keep in touch.

The registered manager gave an example of a person they supported to maintain contact with a peer who had left the service; they had known each other throughout their school lives before coming to the service. Staff supported them to meet up regularly and maintain contact and they had planned for them to go on holiday together.

Outstanding ☆

Is the service responsive?

Our findings

People who used the service told us they were involved in the development and review of their care plans. One person told us, "I am invited to my PCP [person centred planning] meetings and asked what I want to talk about. After the meetings things change like we talked about them. I think this is good." Another person told us they were involved in the 'inclusive group' and were involved in researching information for activities and fundraising events, which they found very interesting.

Relatives told us they were able to visit or ring at any time and were encouraged to do so. They told us staff were willing to support them to take their relative on holiday and in doing so were able to see them in a different light. They said, "His privacy and dignity is maintained at all times. I'm very happy with the placement" and "It is a fantastic place to be; he loves it there." Another person told us, "Visits home are well organised and supported, but [Name] is always happy to go back or asks me to leave when I take them back to the service" and "It doesn't matter when we turn up we are always made welcome." Relatives told us they were invited to the 'inclusive day', any fundraising events and a Christmas party with staff, so they knew the staff well.

Staff told us about the 'inclusive initiative' which the service promoted, which involved staff and people who used the service working together to promote inclusion and activities. The inclusive group consisted of groups of representatives from each of the services, supported by a key group of staff. Each of the representatives had lead roles in the inclusive group for example one person researched information about trips out, fundraising ideas and charities they may wish to make donations to. A fun day was organized on an annual basis, to raise awareness as well as enjoying a day of fun and games. The 'inclusive day' was supported by the local community and external companies supported them through sponsorship or offering preferential rates. External groups were invited to participate and have stalls at the 'inclusive day'.

The inclusive group was self-funded and fundraised through activities, to benefit both the inclusive group and local and national charities / organisations. In November 2014 they had a 'helpful hero's' day and a sponsored walk raising £709.00 for Children in Need. This year the inclusive group had been involved in a week of events to mark Autism Awareness in April; they raised £370.00 and donated this to their local National Autism Society [NAS] in Hull. The inclusive group were actively involved within the local community, often using local venues for their fundraising events, for example, coffee mornings and participation in the local Winterton show's float parade.

The inclusive group liaised with the people who used the service and organized weekly activities. These have included shows such as Disney on ice, pantomimes, disco's and a trip to London to see the Lion King. They also included in-house activities such as pizza-making.

We reviewed the care records for four people and found them to be very person-centred; they detailed the levels of support each person required. People's preferences and likes and dislikes had been recorded and responded to by supporting people to achieve new targets and live life to their fullest ability. We saw people went on exciting trips and experienced adventurous holidays. For example, staff had organised and supported one person to visit Tunisia on holiday this year and it had been such a success, they were in the process of working with the person to plan and arrange another holiday abroad this year. Records showed how the person had been supported to choose the destination and who to go with.

People were supported in all aspects of their lives in order to promote their independence. This involved any area of need they hoped to develop further and included examples of being able to make a cup of tea independently to using public transport.

The staff responded well to people's behavioural needs. One example included how they had supported an individual to reduce anxieties about having their hair cut. With the individual's involvement, a hair cutting comb was gradually introduced into their personal care routine. This enabled the person to cut their own hair, very slowly to begin with, until such a point they now used the comb independently to cut their own hair to an appropriate length.

A further example described how relatives had been encouraged to work with the night team to help support behaviour presented around their family member's sleep patterns. They engaged with the staff and provided ideas and historic information on how to help to overcome this. Strategies like different board games before bed time,

Is the service responsive?

walks around the local area, star gazing and other interactions to help the individual work through their routines more positively were put in place with positive outcomes.

The incoming manager told us how following a move to supported living of one of the people who used the service, their room had been kept vacant in order to allow their peer time to come to terms with them moving on. The individual's needs had been prioritised against any financial incentives. Also the person who had transitioned into supported living after a period of time at Roxby, continued to be visited by their peer with staff support and arrangements had been made for them to take a holiday together.

A care plan document supported people's identified assessed needs and provided clear information for staff under three headings; prioritised skills, abilities and areas of development. They also detailed how they would work on areas of development including positive risk taking and the expected outcomes and how these would be reported on. Further detailed information was included in people's sensory support profile, which explained people's sensory experiences associated with their condition, what this meant for them and what support they needed to manage this.

We saw each care record had a section called, 'All about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friend's birthdays and special anniversaries, their family pets, fears, qualities and passions. Each care plan was person-centred and identified clearly what each area was aiming to achieve and the steps staff should take to support the individual with this, in line with their personal preferences.

We saw assessments and risk assessments were reviewed on a regular basis. When changes had been identified, records were updated to reflect this. We saw daily diary records were kept for each person which were well documented using appropriate language and terminology.

Staff we spoke with were able to describe people's life histories and understood each person well. They told us the care plans gave them detailed information about the person and the systems in place supported the individual to celebrate their achievements.

We saw a handover record was maintained during each shift. The contents of this were shared with the staff team during handover at each shift change. From this, staff could see how each person who used the service had been throughout the day and night. This meant people who used the service received care that was relevant to their needs at that time.

People who used the service had the opportunity to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for relaxation. Rather than a structured weekly plan being in place for the service, each person had a personalised activity plan based on their personal preferences and aspirations

Each person was also supported and involved in a holiday of their choosing and regular day trips. These were planned with people on an individual basis, rather than expecting everyone who used the service to participate in the same trips. Some people chose to visit theme parks and places of interest, one person had chosen to visit Euro Disney. The registered manager described how they supported people to holiday with their families if they chose to. One relative had requested staff support to take their family member on holiday as the individual's levels of behaviour had prevented this for many years. Over time, the staff have been able to increase the individual's 'holiday experience' with their family from one day out to three days and two overnight stays. The family recognise this is a huge achievement and are really pleased with the progress their family member has made.

The registered provider had a complaints policy in place which was displayed within the service in a pictorial format. Each person who used the service had a copy of this in their flat. We reviewed the complaints file and saw there was a review of complaints and how they were managed and responded to. The registered manager told us all complaints were reported immediately through the governance process and they were discussed at board level. Serious complaints were dealt with at board level.

Relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their family member. They told us they had good relationships with staff and would be able to approach them with any concerns, should there ever be a need to do so.

Outstanding ☆

Is the service well-led?

Our findings

People who used the service knew the registered manager. We observed throughout the day that people approached the registered manager to tell them about events in their day or to smile and touch their hand. During discussion they told us, "[Name] is good, he is my mate and I like her, she is kind."

At the time of our inspection a new manager had recently been appointed to the post, while the registered manager continued to work alongside them until they had registered with the Care Quality Commission [CQC]. We were told the current registered manager would then complete de-registration and focus on their role as operational manager for the organisation.

Relatives told us they had a good relationship with the registered manager whom they respected and they were very pleased with the choice of the incoming manager. They told us the person who was to become the new registered manager had worked at the service for a long time and knew the people in the service well. Relatives told us they and people who used the service benefitted from the open and transparent culture within the home. Other comments included, "When I first met her [registered manager], my son was seriously ill and she was very supportive. The incoming manager has been involved with him for a long time and he is very good."

Professionals told us, "The team have a very demanding job, but the service is always well organised. They have a good training system in place and a clear understanding of their clients. he [the incoming manager] is excellent and the relationship he has with his clients is amazing."

Staff told us they were able to raise any issues or concerns with the registered manager or the incoming manager. They felt they were always listened and responded to. Staff were happy and worked well together ensuring a consistent, calm and happy atmosphere, which was reflected in people's care.

During our inspection visit we were provided with positive comments and compliments about the way the service was managed, which included comments about the registered manager and the newly appointed manager. People said "They are both great to work for. He is very visible throughout the service and she is lovely; we are able to approach them about anything and they will make themselves available." and "He offers a consistent approach. He enjoys the interaction with service users and staff and is always keen to obtain our views and empower service users." A deputy manager told us, "[Name] was nominated for the North Yorkshire 'Great British Care Award' and she won it. This is testament to her commitment to her role and to all of us."

The registered manager told us she had a good staff team who had always responded to her challenge with innovative ideas. The new manager told us that having worked with staff for a number of years he was fully aware of the demands of the job and wanted to continue to support staff in all aspects of their role and to provide the best care possible to the people who used the service.

The home had an open and transparent culture, with clear values and vision for the future. Staff shared this commitment and vision and were supported through training and clear leadership from the registered manager to provide this for the people who used the service. The service worked in partnership with key organisations including specialist health and social care professionals. They provided training for community based services in order to promote understanding and inclusion.

The service sought feedback from people and staff on an on-going basis and this was used to continually develop and improve the care and support offered. People were listened to and offered choices through every part of their daily life. We saw evidence of home meetings, staff meetings, team building exercises and keyworker meetings. Minutes of meetings seen from the inclusive group discussions showed that where suggestions had been put forward by the group, these were acted on and put into place. This demonstrated that people who used the service were encouraged to voice their opinions and these were listened to and acted upon.

Staff told us people's opinions were important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities. Records showed that people who used the service were regularly asked their views through keyworker meetings, house meetings and through their house representative who attended regular meetings with senior managers. Staff spoken with told us meetings for all staff were held monthly, where the care for each person who used the service was discussed. Training requirements, the sharing of information and best practice were also

discussed. Records showed that learning from accidents and incidents took place at these meetings. Copies of minutes were made available to staff unable to attend meetings so that all staff were aware of the discussion that had taken place.

Further feedback was sought through the registered provider's quality assurance audit surveys. We saw a plan of the frequency and areas focused upon. Surveys were sent out to people who used the service, their relatives, professionals and staff. Following this the responses were collated and any areas identified as requiring improvement were looked at and action plans put in place to resolve them.

Quality assurance systems were in place. Relatives we spoke with confirmed they had been involved in this process, they completed any surveys sent out and attended regular review meetings. One respondent had described their great pleasure about their family member being matched with an excellent key worker who shared an interest in drama and singing. The key worker had encouraged the individual to attend a local drama group and they had been involved in a production at a local theatre. The family described how thrilled they had been with their relative's performance and involvement in the community group. The registered manager carried out a programme of weekly and monthly audits and safety checks. Accidents and other significant incidents were reviewed by the registered manager in the first instance and then checked again by the provider's quality assurance lead.

We reviewed monthly audits for medication management, care records and supervision files. Records showed any actions required following the audits were identified and acted on. Further independent audits of medication were undertaken every three months and a report and action plan [where required] was provided following this. We saw medication audits undertaken showed medication systems and the handling of medicines in the service were well managed.

The registered manager carried out a programme of weekly and monthly audits and safety checks. They also showed us the detailed assessments that were carried out by the registered provider's own internal assessors. A quarterly audit was carried out of all areas of the service and service provision. This was followed up with a report and action plan with timescales should this be required. In addition an annual review was completed based on the five key questions used by CQC in this report and included any recommendations for improvement.

A monthly analysis of accidents and incidents was carried out by the registered manager. This was further reviewed at senior management meetings and lessons learned from these were openly discussed. Following this discussion, any action that needed to be taken was done so promptly. Where appropriate, investigations had taken place. These were completed by a registered manager from another service to ensure that an independent investigation was carried out. We saw that where trends had been identified, appropriate action had taken place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with our regulations.

The registered manager told us the registered provider promoted an ethos of providing people on the autistic spectrum with all the support they needed to develop social, communication and life skills, to make choices about their own lives and to reach their individual potential for independence. In discussions with staff and the registered manager, we found that a number of people had moved onto more independent living within the community or back in their own area, following their stay at Roxby House. They also described how each stage of a person's journey to increased independence was planned for well in advance to ensure that transition from one service to another was completely smooth, and took place at the most appropriate time.

We saw the registered provider was committed to personalising the services they provided and to following the recommendations outlined in Putting People First and the Autism Act (2009). The registered manager told us that the organisation was accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.

The registered manager was supportive of other services and was involved in networking with them in order to promote and share best practice initiatives. Senior staff regularly attended conferences and other events in order to update their skills and knowledge base. They also used external specialists to review the service's own practices, for example, advice was sought from the NAS and the British institute for Learning Disabilities [BILD] in relation to least restrictive practice within the service.

Outstanding ☆

Is the service well-led?

We saw the service worked in partnership with other agencies to provide training and information, to promote inclusion and understanding of the people who used the service. For example, the training section regularly provided courses on autism to leisure facility staff, local GP services, the police and others.

The training had been offered after an incident at a local swimming pool, when a person who used the service had not wanted to get out of the pool at the end of the session. This action resulted in them contacting the police, despite reassurances from the staff supporting the individual. Following this, the organisation had approached different community based and public sector workers to promote their understanding of people with learning disabilities and autistic spectrum disorder and what each of them in could do in their roles to support people. The training was well received and continues to be accessed by these groups.