

Homes Caring for Autism Limited

Holly Tree Cottage

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 2 and 3 August 2017 and was unannounced. It was carried out by one adult social care inspector.

Holly Tree Cottage provides support for up to six people with autistic spectrum disorder and learning disabilities. At the time of the inspection there were five people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of the home promoted an open and positive culture and there was a commitment to continually striving to provide people with opportunities to enhance their wellbeing.

People's relatives had nominated staff for recognised awards for their commitment to care; two staff members had been successful in winning these awards in 2016. Relatives commented on the home and staff team being, "Person centred" and "Excellent."

People lived in an environment where there was a strong commitment to enabling them to live fulfilling lives. Staff were innovative and creative in their approach to supporting people to understand situations and reduce their anxieties by using systems such as assistive technology. In a recent survey professionals had fed back they thought the service was 'outstanding' when referring to how they actively promote wellbeing and safety using person centred approaches.

The staff promoted opportunities for people to influence how their needs were met. Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access a wide range of social and leisure activities in the home and local community.

People were supported to plan and achieve their goals. There was an emphasis on enabling people to be as independent as they could be and to live a happy and fulfilling life.

There were sufficient staff available to enable people to take part in a range of activities according to their interests and preferences. Staff duties were clearly allocated so people received the support they needed.

A safe recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse

and they knew the procedures to follow if they had concerns.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help to keep people safe.

People received their medicines when they needed them. Staff had received training in the management and administration of medicines and their competency in this area had been reviewed to ensure their practice remained safe.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed and they implemented any recommendations made.

Staff had built trusting relationships with people. Staff interactions with people were positive and caring. Staff were very skilled at communicating with people. Staff morale was good and there was a happy and vibrant atmosphere in the home.

Relatives were complimentary about the staff and management; they felt able to raise any concerns and were confident they would be responded to appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. Staff felt well supported by their managers.

We have made a recommendation about the service reviewing how they support people in line with the Mental Capacity Act 2005.

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.

People received their medicines when they needed them from staff who had received the training to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff deployed to help keep people safe and meet their individual needs.

Is the service effective?

Good ●

The service was effective.

People saw appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

People's relatives told us they thought the staff were caring.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received care and support which was planned proactively and in partnership with them.

People were supported to follow their interests and take part in social activities. The service used innovative ways to ensure people lived fulfilling lives.

Staff supported people to maintain contact with the important people in their lives.

Is the service well-led?

The service was well-led.

The service had clear aims and these had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There were quality assurance programmes in place which monitored the quality and safety of the service provided to people.

Good ●

Holly Tree Cottage

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 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 2 and 3 August 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we met all five people living at the home and spoke with four people about their views on the care and support being provided. People were only able to give us limited information about their care and support so we therefore used our observations of care and our discussions with staff and relatives to help form our judgements. We also spoke with the registered manager, area manager and five staff members.

We looked at documentation relating to two people who used the service, four staff recruitment and training records and records relating to the management of the service. After the inspection we received feedback from four relatives and feedback from one health professional.

Is the service safe?

Our findings

People told us they felt safe living at Holly Tree Cottage. When asked if they felt safe, three people responded, "Yes." People's relatives told us they had no concerns about the safety of their family members. They said would be happy to talk with staff if they had any worries or concerns. One relative said, "Oh yes I think they are definitely safe there." Other comments included, "Yes definitely" and "Safe, no worries."

Staff also felt people were safe living at Holly Tree Cottage. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission (CQC). One staff member said, "I would inform the manager and I am definitely confident they would act. I am also aware you can contact the safeguarding team, we discuss any safeguarding concerns we may have and whistleblowing in each supervision."

The home had a policy which staff were aware of and there was information about safeguarding and whistleblowing available for staff in the office. One staff member told us, "I have never seen anything like that here; I would go to the managers and make sure I was heard or go to CQC. I would not stand by and do nothing, we are encouraged to report things." This meant people were supported by staff who knew how recognise and respond to abuse.

People were supported by sufficient numbers of staff to meet their needs and help keep them safe. Staffing levels were based on people's individual needs. People had allocated one to one support throughout the day so they were able to access their preferred activities when they chose. Rotas were planned in advance to ensure enough staff were on duty. We looked at the rotas and these demonstrated staffing was suitably covered.

Staff told us they thought there were enough staff available to keep people safe and meet their needs. One staff member said, "Staffing is ok, we are getting back to where we should be after a few staff left. There are no issues covering shifts." Another commented, "Staffing levels are generally ok we are not stretched, we had a period where staff two or three staff left and we picked up the extra shifts." During the inspection we observed there were enough staff available to meet people's needs.

People told us they were happy with the way staff supported them with their medicines. Two people told us, "Yes" when asked if they were happy with staff supporting them with their medicines and if they received them at the right time.

People had medicines prescribed by their GP to meet their health needs. Staff supported people with their medicines and nobody self-administered. We observed medicines being administered by staff and this was carried out safely. Medicine Administration records (MARs) included information on why medicines were needed. MARs were accurate and up to date. We found two people's MARs had a staff member's typed entry for some of their medicines. We found these records were not signed or countersigned by two staff. This is

recognised good practice to ensure people received the correct medicines and reduced the risk of errors occurring. We discussed this with the registered manager who told us they would ensure staff entries on the MARs would be signed and counter signed by two staff.

Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security. Staff received medicine administration training and had a competency check before they were able to give medicines to people. The registered manager completed on-going competency checks on staff to ensure they remained competent to administer medicines.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept by the registered manager. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Risks relating to people's individual care was assessed and planned for. Risks to people had been considered such as accessing the kitchen, being supported one to one, travelling in a vehicle and seizure management. Risk assessments were used to support people to access community facilities and included; using public transport and accessing specific activities such as swimming, the gym, cinema, go karting and ten pin bowling. Staff were aware of the identified risks and the measures in place to reduce them.

People had detailed guidelines in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. Staff told us they thought incidents were managed well and they had the right support to manage them. One staff member said, "The house is fairly settled, we do have a few incidents which are well managed, they are usually defused before they escalate, we work well as a team."

Staff completed an accident or incident form for each event which occurred. Incidents were analysed by the registered manager to enable them to identify any potential risks and implement measures to prevent further incidents. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

There were arrangements in place to keep people safe in an emergency and staff had access to this information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission.

There were assessments and checks in place relating to the home and environment. These included fire risk assessments, checks on the call bell system, water temperatures and electrical equipment. We found there were some gaps in the records of weekly fire alarm tests. We discussed this with the registered manager who told us this had been identified by their quality assurance audit and they were addressing this issue. Records confirmed this.

Is the service effective?

Our findings

People were supported by staff who had the right skills and knowledge to carry out their roles. Relatives told us they thought the staff at Holly Tree Cottage were well trained in meeting their family member's needs. One relative commented they thought the training staff received was, "Invaluable." Other comments included, "Yes - very well trained, in how to care for [name]" and "They have all the right skills and training to support [name]."

Staff told us they received an induction when they started working at the home. The induction included a period of 'shadowing' experienced staff, attending training, familiarising themselves with the home and reading people's care records. One staff member said, "The induction was very good, they talked about the aims of the organisation and we did a few induction training sessions before I started shadowing. I felt 100% supported and they made sure I was ok with the role." Staff told us the induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received a range of training to meet people's needs and keep them safe. Staff commented positively about the training they received and they felt they had enough training. One staff member said, "The training is very good, the ASL training [relating to autism] is absolutely brilliant, the trainers are very passionate about what they teach." Another commented, "The training is good, we have regular refreshers and there are plenty of opportunities to do more training."

All staff received basic training such as first aid, fire safety, safeguarding, equality and diversity, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as how to support people who could become upset, anxious or distressed and training around people's specific health needs. We looked at the provider's training records which identified where staff required refresher training in some subjects; dates had been booked for this. This meant people were supported by staff who received the right training to carry out their roles.

Staff told us they had formal supervision (meetings with their line manager to discuss their work) to support them in their professional development. Records demonstrated staff were receiving regular supervision. Staff told us they found supervision supportive. One staff member told us, "We have regular supervision; they are really good and supportive. I feel listened to and they take on board what you say." This meant people were supported by staff who were supported in their role.

People were able to make most of their own decisions as long as they were given the right information, in the right way and time to decide. However, there were some decisions people were not able to make for themselves and we looked at how the Mental Capacity Act 2005 (MCA) was being applied. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records demonstrated people were consulted and involved in most decisions about their care and support. For example, one person had agreed with staff that they limit certain unhealthy foods throughout the week because they wanted to lead a healthy lifestyle. Their care plan clearly documented this was their decision. Another person recently had a medical procedure. Records demonstrated an MCA assessment and best interest decision had been completed because the person lacked capacity to make this decision, and this was made with all of the relevant people involved.

One person had guidelines in place for the restricted use of certain items of technology. This had been advised by a health professional in the past due to the person disengaging with daily activities. The person was aware the restrictions were in place and they indicated they were in agreement with them; however it was not clear if these had been recently revisited and reviewed to ensure they remained relevant. We discussed this with the registered manager who following our inspection evidenced they had spent time with the person discussing the restrictions with them and they had subsequently been removed.

Another person had a monitor in their bedroom that was used to detect if they had a seizure. This had been advised in the past by a visiting professional. We discussed this with staff and the registered manager who told us the person would not understand the need for the monitoring device. Whilst there were guidelines in place for the use of the monitor the service had not completed a recent MCA assessment and best interest decision for its use. A best interest decision had been made in 2014 which included authorisation for the equipment to be used for one year; however this had not been reviewed since this decision was agreed. We discussed this with the registered manager who told us they would ensure an MCA assessment and best interest decision would be completed. Following our inspection the area manager confirmed this had been completed following consultation with the relevant people, such as family and health professionals.

We recommend that the service revisits guidance relating to the Mental Capacity Act 2005 in relation to supporting people to make decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had made applications to the local authority for all of the people living at Holly Tree Cottage to have DoLS authorisation. They said they were waiting for the outcome of these. This showed people's legal rights in relations to their liberty were being promoted.

People were encouraged to have a healthy and nutritious diet. When asked people indicated they were happy with the meals they received. One person said, "Good" when we asked them what their thoughts on the meals were. Another person commented, "Really good food, lots of it." There was a seasonal menu that was based on people's likes and staff told us if people didn't want what was on the menu they would be supported to have another option. One person had their own menu each week because this was what they had chosen.

Relatives commented positively about the food provided and how staff encouraged a balanced and healthy diet.

People had free access to the kitchen and made their own drinks and snacks. People were encouraged to help with grocery shopping and with preparing and cooking their meals. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day. Staff told us how one person required additional calories because they were prone to weight loss; they had also been prescribed nutritional drinks by their GP. Records demonstrated the person's weight had increased.

People used various methods to communicate their wishes and choices. These included speech, pictures, vocalisations and body language. Staff knew people well and were able to interpret non-verbal communication. We saw staff used communicated using people's preferred methods. People's care plans contained details about how each person communicated and staff were aware of this.

People were supported to maintain good health and wellbeing. Each person had a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people saw healthcare professionals including GPs, opticians and dentists. People also had specialist support, such as from a learning disability nurse and speech and language therapist to ensure their health care needs were met. Staff recorded the outcome of people's contact with health care professionals in their plan of care. Staff told us how they were monitoring one person's seizures using an application on their tablet computer. They had determined the seizure frequency had not changed but the types of seizures had and they had arranged a review of the person's medicines.

Relatives told us they were happy with how staff supported their family members with health appointments. Comments included, "[Names] health needs are definitely looked after. They are supported to attend all of their appointments regularly and if anything is wrong they let you know" and "They are very aware of [names] health issues, they take them to see the GP, podiatrist and dentist regularly and as needed."

Each person also had a health action plan in place (HAP). HAPs are assessable documents that include a personal plan that describes what people can do to stay healthy and the support that is available. This meant people were supported to receive on-going healthcare support.

Is the service caring?

Our findings

People told us they were happy with and liked the staff supporting them. One person told us, "Yes I like the staff." Throughout our inspection we observed staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. Relatives told us they thought the staff were kind and caring. One relative told us, "They are very kind." Other comments included; "Staff are caring and responsive", "Very caring" and "They are very kind, [name] is very well cared for and I am very happy with how staff treat them."

When asked, people confirmed staff respected their privacy and knocked on their bedroom doors. Relatives told us they thought their family members were treated with respect. Comments included, "They are all treated as adults with appropriate privacy and respect" and "They have a good attitude and respect their privacy." People had signs on their bedroom doors that they could change to inform staff if they wanted private time and did not want staff to enter. During the inspection we observed staff knocking on people's doors before entering.

Staff were able to tell us how they respected people's privacy for example by ensuring doors were closed and enabling people to do as much as they could for themselves. One staff member told us, "People use the privacy signs on their doors and even if it's green we still knock. We support people to do as much as they can and to be as independent as possible." This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

People received care and support from staff who knew them well. Relatives told us they thought staff knew people well. Comments included, "Yes, in particular they know what [name] likes and how to support them" and "Staff know [name] really well." We saw feedback from two visiting professionals stating they thought the staff were 'outstanding' when asked about staff's knowledge about people.

Staff talked positively about the people they supported and described how they had built trusting relationships with them. Staff recognised the importance of getting to know people well. Staff knew about people's likes and dislikes and were able to explain what was important to them such as having time to process information, having a laugh with the staff, discussing certain topics, going out, activities, family members and specific TV programmes.

People's independence was encouraged and supported. Staff described how they assisted people to maintain their independence and they were aware of the importance of this. They described how they encouraged people to do what they could for themselves whilst they provided person care and only offered the assistance needed.

People were actively involved in making decisions and expressing their views about their care and support. For example, people made choices throughout the day about where they wanted to go, who supported them, when they got up and went to bed. Each person was allocated a key worker. A key worker is a staff member who is assigned to oversee specific aspects of a person's support. Key workers supported

people to plan their goals and to look at what was working well and what was not going so well. People knew who their named keyworkers were and they told us they were happy with the way they supported them.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People were supported to keep in touch with their friends and relations. One person arranged the dates, times, frequency and location of where they wanted to meet their friends. They had a board in their bedroom which they showed us with the details of these arrangements and staff supported them to attend them.

Relatives told us they had good contact with their family members and this was supported by the staff. People used various communication methods to communicate with their family such as emails, weekly postcards, newsletters, telephone calls and the use of video calls through Skype. People had their own tablet computers to enable them to use technology to communicate with their relatives when they chose. Relatives also told us they could visit when they wanted and there were no restrictions and they were made to feel welcome when they visited. A health professional also commented staff made them feel welcome when they visited.

Is the service responsive?

Our findings

There was a very person centred ethos in the home which meant staff consistently responded to people on an individual basis and worked in accordance with people's wishes.

Relatives described the home and the staff as being "Person centred" and "Excellent" and they all said they felt involved in their family member's care. Relatives told us they had nominated two of the staff working in the home for local and national care awards. One relative told us, "They are excellent. I have put them up for local and national care awards and with several successes." In 2016 one staff member had won the Care Focus award of 'Outstanding Care / Support /Healthcare worker'. Another had won the Great British Care Awards 'Care home worker award'. A comment on the Awards website stated, "[Name of staff]; A committed, passionate and forward carer who will go far in this sector. [Name of staff's] outstanding commitment to the clients has transformed their lives beyond recognition."

One relative told us how Holly Tree Cottage was the only home their family member had settled in. They described how previous placements had not worked out and that their family member used to experience a lot of anxiety resulting in incidents where they became upset. The relative told us they had "Nowhere near as many now." They went on to say, "They are the best team ever to have worked with [name]. I've never known [name] to be so settled, [name] tells me, 'live at Holly Tree forever'."

The support people received was planned proactively with them. For example, one person was reluctant to attend a health appointment and this was causing them anxiety. The staff had responded to this by working with the local surgery and the person's relative to develop a 'social story' about visiting the surgery. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Social stories can help reassure people and help them understand what a certain situation involves. Staff had taken a range of photographs and descriptions of each stage of the appointment and arranged them in a sequence. The person was in the process of watching these on the television with staff support to enable them to develop more confidence about the health appointment. The registered manager told us following the inspection the appointment had been booked and the social story was appearing to be having a positive impact as it was prompting the person to talk to staff about it, which was enabling staff to provide them with reassurance.

One health professional commented how they thought the staff addressed any challenges they were presented with respect and in a very 'person centred' way. We saw two professionals had completed feedback questionnaires, they had both indicated they thought the service was 'outstanding' when referring to how they actively promote wellbeing and safety using person centred approaches.

The staff promoted opportunities for people to influence how their needs were met. People were supported to choose the staff they wanted to support them with their weekly activities by offering choices and explanation. These included trips out, appointments, meeting friends and activities. One person chose the staff they wanted to support them with their weekly activities at the beginning of the week with staff support. The registered manager told us the same person had decided they wanted any new staff to

'shadow' five shifts before they were able to work with them, they confirmed all new staff undertook these shadow shifts.

We observed another person had chosen the activities and goals they would like achieve in the future and they were in the process of choosing the staff they wanted to support them with each of these. One staff member told us about how the person had refused to engage in activities in the past and lacked some confidence around going out into the community. They described how they had worked with the person developing their confidence and how this had been a success. We observed staff working with the person around achieving one of their goals which was to walk to the local garden centre to have a pot of tea. The person was completing this in stages with the chosen staff member they felt confident with. When the person returned to Holly Tree Cottage they enthusiastically expressed to the staff team how good they felt about achieving another step towards their goal. This meant the person was being supported to proactively plan their care and support in a way that enhanced their sense of wellbeing.

One staff member described how they had asked the provider for a 'virtual reality' camera because they wanted to support people to try new activities and have new experiences. A virtual reality camera involves computer technology that uses virtual reality headsets, to generate realistic images, sounds and other sensations that simulate the user's physical presence in a virtual environment. The staff member told us the provider had agreed to purchase this. They had used the camera to support a person living at the home to gain confidence with going out with new staff in the vehicle. They described how this had caused anxiety for the person and they would refuse to go out. They went on to say how showing the person the virtual video of the journey had been successful and the person had agreed to go out with the new member of staff driving. This was important to the person because they had become socially isolated in the past. This approach enabled the person have more opportunities to go out into the community and follow their interest's and demonstrated staff were innovative in providing person centred care.

The staff member also told us they planned on using the camera to video new activities such as climbing and walking over different terrains to enable people to virtually try an activity to see if they might enjoy it. They also said they were planning on creating a virtual tour of the home and this would be used for any potential new people moving to the home them to see the environment before they visited. They explained how this would support people with the transition process because it would enable them to look around the home before visiting.

Relatives told us they thought their relatives participated in their chosen activities. One relative said, "[Name] is very active and they are very proactive at supporting them." Other comments included, "They are so person centred about what the individual wants, I really like the fact that [name] can do what they want, they are always out" and "[Name] has a weekly diary of activities morning and afternoon, they have a choice in these, and are never forced to do anything they do not want to. They sometimes decide to stay in their room, but staff are very good at coaxing them out and getting them active."

People were supported to take part in a wide range of activities and to follow their interests. These included, walks, visiting places of interest, theme parks, bike riding, shopping and in house activities. People had their own tablet computer to enable them to choose activities and to aid communication. Staff told us how they had recently arranged an activity day in a local park. They told us how they had made a crazy golf course and games for the day and they invited people at the provider's other homes to attend to promote social activity. Staff told us how one person supported a popular football team and how they had arranged for the team members to sign a football shirt for them.

Staff were supporting people to try out new activities such as 'geocaching'. Geocaching is an outdoor

recreational activity, in which participants use a Global Positioning System (GPS) receiver or mobile device and other navigational techniques to hide and seek containers, called "geocaches" or "caches", at specific locations marked by coordinates. A typical geocache is a small waterproof container containing a logbook and "treasure," usually toys or trinkets. Staff told us how people were really enjoying this activity and they had chosen it as a regular weekly activity.

The registered manager told how this has had a positive impact on one person. They described how this activity had substantial benefits for them by having regular exercise in order to support their health condition. They told us this was discussed with the person at their person centred review; because although they were engaging in some exercise there were times when they did not wish to participate. They said this prompted a discussion around additional exercise opportunities that would be appealing and fun, one of which was geocaching. They went on to say since the activity had been introduced the person had chosen to participate in it once or twice a week and they had also started to go geocaching when on home visits with their family.

The care plans we read were personal to the individual and gave clear information to staff about people's needs, their likes and dislikes, what was important to the person, their health conditions, how they wanted to be supported, their life history, how to support them if they became anxious and how they communicated. Care plans were focused on individual outcomes such as gaining skills, developing independence and managing health conditions.

Staff explained how they had started using a technology application on a computer tablet to analyse one person's seizures. The registered manager told us the benefits of this were is that it enabled easy access to additional information about the seizures quickly as a chart; these included any pre and post seizure symptoms and days this might occur on, which they said could be more difficult to demonstrate using their previous methods of analysis. They also told us this information would be available for the person's family to review if they choose when they were on home visits as they takes their computer tablet with them. Through this process staff had identified the frequency of the seizures had not changed, however the presentation of the seizures had. This promoted the staff to arrange a medicines review for the person and as a result of this they were in the process of having a change in their medicines which would support the person with managing their seizures.

Care plans included detailed guidelines for staff on how to support people with aspects of their support. Staff told us they thought the care plans were easy to read and assessable. Relatives told us they were happy with the care plans and they felt involved in them. One relative commented, "I am happy with the care plan, I go to the reviews, the care plan is brilliant and suits [name] down to the ground."

People were supported to attend six monthly 'person centred' reviews to express their views about their care. Relatives told us they were invited to these meetings. One relative told us, "[Name] has the opportunity at their person centred review to discuss their care and they are supported by their family and staff at those reviews to comment on the care." Another commented, "I am always invited to reviews which are carried out twice yearly." The reviews were used to look at what was important to the person and set the goals people wanted to achieve. We looked at two people's person centred review goals and saw these were achieved or in the process of being achieved.

There were systems in place for people to express their views or raise any concerns. People told us they would talk to staff if they had any concerns or were unhappy. People were supported to express their thoughts about their feelings and their care through a 'how has your week been' form that was completed with them with the support of staff. This form included questions about what had made them happy, sad

and thoughts around activities. We saw where people made suggestions or raised concerns these were responded to by the staff.

Monthly meetings were held for people to discuss topics relating to the home and for people to give their feedback. We saw records of these meetings and they covered items such as how to complain, anything they would like for the home, discussions around themed food nights, activities and anything else that people wanted to discuss. This meant people were encouraged to voice their opinions about the service they received.

The registered manager was very visible in the home and had a good knowledge of each person. Throughout the day we saw the registered manager chatting with people in a very relaxed and friendly way which enabled people to share any worries or concerns. Relatives told us they felt confident about raising any concerns and they were confident staff and the registered manager would respond. One relative told us, "Overall this is an excellent home that is well run by the current manager who is always available for any concerns as are more senior management. I have not ever made a formal complaint but am aware of the procedure if necessary." Another commented, "If I have had occasions to express any concerns these have always been considered and resolved to my satisfaction, and quickly."

There was a complaints procedure which was displayed in the hallway. Where complaints had been made these had been fully investigated and action had been taken to address any shortfalls in the service.

Is the service well-led?

Our findings

People's relatives spoke highly of the service, the provider and the registered manager. Comments included, "The home is well run by the current manager. The directors of Homes Caring for Autism are very caring and this is reflected in the overall ethos of this company that have an open approach and in my view my relative receives good quality care", "[Name of registered manager] is a nice chap, very approachable" and "[Name of registered manager] is good at communicating, they have helped me out tremendously."

Staff also spoke highly of the management team at Holly Tree Cottage. One staff member told us, "[Name of registered manager] does a really good job; they listen to what you say, takes it on board and gets things done. They are a very good manager and easy to approach." Another staff member said, "[Name of registered manager] is very good and well respected, they are always available and so good at offering support." The registered manager was supported by senior members of the team who had their own management responsibilities.

The registered manager maintained a regular presence in the home to enable them to support staff and monitor their performance. The registered manager told us how they promoted an open door policy for staff to approach them with any concerns. Staff morale was good. Staff commented positively about the team culture at Holly Tree Cottage. One staff member told us, "We work well as a team." Another commented, "It's a really good team, we manage to work through any differences and respect each other."

The registered manager told us they received regular support and supervision from the area manager. The area manager maintained a weekly presence in the home and staff told us they also felt able to approach them with any concerns. Staff told us in the absence of a manager in the home they had access to on call management for support. This meant people were supported by staff who received the appropriate support from their managers.

The provider had a vision statement that was, "To empower autistic individuals, using passion and creativity, to achieve what others may never have thought possible." The area manager told us how the vision statement had been developed with staff from different teams. They told us the registered manager and senior staff from Holly Tree Cottage had been involved in a companywide project to develop the company mission and vision statements, and core values. They told us the registered manager and senior staff had brought the vision statement back to their team and worked proactively to promote this within the Holly Tree Cottage. They gave us examples of how they had made progress with working towards the vision statement by developing the use of social stories. The staff we spoke with were aware of the vision statement and told us they worked towards achieving this. This meant people were supported by staff who were aware of the vision of the service and had been involved in developing this.

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Staff told us meetings were held regularly and they felt able to voice their opinions. One staff member told us, "Our team meetings are once a month, they are very good and very much open for staff to give their opinions. I felt listened to." Another commented, "Team meetings are a regular opportunity

discuss anything we want to raise." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes demonstrated areas covered in the meetings included; staff responsibilities, safeguarding, policies, records, health and safety and updates relating to people.

There were audits and checks in place to monitor safety and quality of care. The area manager completed regular audits of the service to highlight any areas for improvement. Areas covered included; the environment, medicines, accidents and incidents, complaints and compliments and care plans. The audits identified shortfalls in the service and the action required to remedy these.

People were part of their local community. They used community facilities such as local shops, parks, supermarkets, cafes and pubs. People went out into the community with staff support during our inspection. Staff worked in partnership with a range of external health and social care professionals. People required this support due to their complex needs.

Significant incidents were recorded and where appropriate were reported to the local authority. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.