

National Autistic Society (The) Hoylands House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 21 December 2015. The home was previously inspected in June 2013, and at the time was meeting all regulations assessed during the inspection.

Hoylands House is a care home for adults with autism and additional learning disabilities or other complex needs. People living at the home had their own bedroom and en-suite bathroom. The home has communal lounges, dining room, sensory room and multi-purpose rooms for art therapy and other activities. There is also a shop and activity centre on site. The home could accommodate eight people, at the time of our visit seven people lived at Hoylands House. One bed was used for regular respite.

The home had a registered manager. 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.

There was a strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The vision of the service was shared by the management team and staff.

Staff told us they worked as part of a team that was a good place to work and staff were very committed to providing care that was centred on people's individual needs. Staff received the training they needed to deliver a high standard of care. They told us that they received a lot of training and could access any training specific to their job.

Everyone we spoke with, including people who used the service, their relatives and external professionals said people received individualised care. They said the service provided specialist care for people who at times presented with behaviour that may challenge others.

There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Where people displayed behaviour that was challenging the training and guidance given to staff helped them to manage situations in a consistent and positive way which protected people's dignity and rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the front of the service and were cared for as individuals and encouraged to maintain their independence. A wide and varied range of activities was on offer for people to participate in if they wished. Regular outings were also organised outside of the home and people were encouraged to pursue their own interests and hobbies.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

We saw that staff recruited had the right values, and skills to work with people who used the service. Where any issues regarding safety were identified in the recruitment process appropriate safeguards had been put in place. Staff rotas showed that the staffing levels remained at the levels required to ensure all peoples needs were met and helped to keep people safe.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

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 were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Medication procedures were in place but many records were duplicated and the system could be simplified.

Is the service effective?

Good ●

The service was effective.

Staff were trained to an excellent standard that enabled them to meet people's needs in a person-centred way. Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences and people were supported to have access to appropriate healthcare services.

Is the service caring?

Outstanding ☆

The service was very caring.

Relatives told us staff were exceptionally caring and provided person centred care.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

People were supported to express their views at a time that suited them and were actively involved as much as they were able in making decisions about all aspects of their care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the home. These were enjoyed by people and were mentally stimulating. People were also encouraged to pursue their own hobbies or interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

The vision and values of the home were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

There was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were extremely positive about the way the home was managed.

Hoylands 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 checked 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.

This inspection took place on 21 December 2015 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the PIR, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with two people who used the service and six relatives.

During our inspection we spoke with four support staff, the horticultural/enterprise coordinator, deputy manager and the registered manager. Following the visit we also contacted health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People and their relatives described the service as very good and everyone we spoke with told us they felt that people were kept safe. For example relatives told us they felt the service provided a safe environment for people who used the service. One relative told us, "They (the staff) understand and use strategies to enable my relative to calm down or that help to reduce their self-harming episodes, keeping them safe."

Another relative told us, "I am confident that (my relative) is safe, well cared for and happy." Another said, "There are some excellent staff at Hoylands and I often leave the building feeling impressed by them." When we asked another relative if they felt people were safe at Hoylands House they said, "Absolutely safe and happy."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and all said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately. Staff we spoke with that had not been in post long were also fully aware of all procedures. They told us this was covered during induction; it was also constantly raised in supervisions, the importance of identifying possible abuse and responding immediately to ensure people were safe.

The peoples' care files that we looked at showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. We saw that the registered manager had identified the plans of care required improving to ensure they provided a more person centred approach. We looked at care files in the new format, these were very good, clear and evidenced involvement of the person who used the service where they were able, their relatives and advocates.

We saw risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way saw that referrals were made for professional assessment in a timely way. We saw the service used the behavioural therapist when required to ensure risks were managed appropriately.

We were told that people were free to move around the home and we saw this during our visit. We saw staff assisted people to go out on outings or for walks or just to the social enterprise centre to be able to participate in activities. Staff supported people to move around in a safe and reassuring way.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. There was a champion identified in infection control whose role was to ensure best practice guidance was available and followed by staff ensuring staff knowledge was up to date. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. Areas of the home we saw were clean and well maintained. Relatives told us the home was always clean when they visited. One relative told us, "Staff keep (my relative's) room and possessions very clean and hygienic."

On the day of our inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. All people that lived at Hoylands House were supported on a one to one basis during the day and we saw adequate staff were on duty to ensure this was maintained. The registered manager told us people were supported two to one in the community and there were at least ten staff on each day to ensure people were able to access the community and do activities they had chosen. Relatives we spoke with told us there was always sufficient staff on duty to ensure the activities took place. One relative explained to us that when they visited they took their relative out, however, on occasions they required a member of staff to assist with this. They told us there was always a staff member available to be able to accommodate this. Another relative told us, "There is always enough staff to ensure my relative is able to get out every day as this is very important for (my relative)."

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for four people.

Although we found people received their medicines as prescribed, the administration of these were recorded on other records but not always recorded on the MAR. This could potentially result in errors if new staff had to administer medicines. The registered manager acknowledged this and agreed to review the systems to ensure medicines administered were clearly recorded and adapt the audit system accordingly. We found medicines were stored safely and within the correct temperature range.

We also found it was not clear when people who used the service went home to parents what medicines had been taken and administered by parents. The registered manager also agreed to review this and implement more robust systems to evidence medicines were given as prescribed when they were away from the service. The registered manager has confirmed to us following the inspection that these have been implemented.

Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required. For example pain relief and were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

Relatives we spoke with spoke highly regarding staff understanding of medicines and how proactive Hoylands House was in ensuring people received medication reviews. One relative told us, "Staff, keyworkers and senior team workers have made us aware when (my relative's) medication has been inadequate and have helped us to arrange meetings with the consultant psychologist and behaviour manager in order to help (my relative) regain their equilibrium. In doing so they have kept careful data to illustrate (my relative's) behaviours and their actions." Staff had identified where medication was ineffective and worked with families and professionals to ensure this was reviewed to promote people's well-being.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Where any issues had arisen as to applicant's suitability to care for vulnerable people there was evidence that the risks had been considered and appropriate safeguards had been put in place to ensure people's safety.

Is the service effective?

Our findings

Everyone we spoke with praised the quality of the service, including the food. One person's relative told us, "The food provided keeps my relative fit and healthy with a very balanced and healthy diet." Another relative told us, "(my relative) has been vegetarian from birth and this is an important aspect of our cultural practice at home. This has been quite challenging, at times, to ensure they had access to a vegetarian diet which they enjoy. I think we are making progress with this, however; they are now being supported to do some of their own shopping and is able to buy some of the vegetarian meals they like and want to eat. I think it has been quite difficult for some members of staff (if they are not familiar with a vegetarian diet) but, as I say, things seem to be going much better and I have no concerns at the moment."

All of the relatives and other professionals we spoke with told us that the service maintained high levels of well trained staff, and that this was a contributory factor in how very good the service was at ensuring people's needs were met and kept safe. One relative told us, "The staff are very knowledgeable and the training they receive seems very good."

Another comment we received which showed staff understood people's dietary requirements was, "(my relative) requires a low-sugar diet as there seems to be a connection between aggressive behaviour and sugar. Hoylands have supported brilliantly with this; the staff have had the confidence to re-direct my relative from sweet choices in the community and to ensure that (my relative) doesn't have sugar in the home."

A further comment we received said, "Staff are spot on with healthy eating, they manage people's food obsessions and are consistent in approaches to ensure they are managed effectively."

We saw everyone had choices of when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a main meal cooked in the evening taking into account people's preferences, but again people had the choice of something different if they wanted. We saw a good variety of food and healthy snacks were available including fruit. People were also encouraged to assist with cooking to their abilities. One relative told us, "Hoylands House staff have developed my relative's life skills and they (my relative) are a keen chef (supervised by staff) helping to prepare food in the kitchen."

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required. The dietician we spoke with told us, "Staff will always seek advice and guidance and I have found this is always followed."

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as dentist, optical services and GP's. People's care plans also provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking

input from professionals such as advocacy, (this is a way to help people have a stronger voice and to have as much control as possible over their own lives an advocate can speak on behalf of people who are unable to do so for themselves), dietician's and hospital consultants. One relative said, "Hoylands House staff keep excellent records."

Relatives we spoke with told us the staff were very good in seeking advice from external professionals to ensure people's needs were met. However one relative was concerned regarding the lack of input from a speech and language therapist which they felt their relative would benefit from. We discussed this with the deputy manager who told us the person had been seen by a speech and language therapist in the past, but had been discharged. However, following discussions with relatives a new referral had been sent to be seen again. The deputy manager told us the staff had received intensive intervention training from the speech and language therapist and did continue to practice this with the person to meet their needs.

All staff underwent a formal induction period. Staff shadowed experienced staff until such time as they were confident to work alone. One new care worker told us, "I had a good induction it prepared me for the job." Another care worker said, "The staff have been great, I feel really supported and nothing is too much trouble they have made the start of a new job very enjoyable and I love coming to work, a very good induction."

Staff felt they were working in a safe environment during their induction and that they were well supported. Staff told us they worked with an experienced member of staff to start with and were not left working alone with any one until they felt confident to be able to meet their needs. One staff member said, "We are not hurried or pressured into working on our own until we are competent, the manager and deputy are great, very approachable."

Relatives told us the staff were very well trained, understood people who lived at Hoylands house and were very effective in dealing with behaviours that challenged. One relative said, "Hoylands House staff are well trained in autism specific techniques. They all are able to use PECS (picture exchange cards) as well as the simple Makaton, (A language programme using signs and symbols to help people to communicate). They understand and use strategies to enable (my relative) to calm down or that help to reduce their self-harming episodes."

New staff were required to complete the Care Certificate, a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics. Essential training had been completed by existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

All staff were required to complete essential training, this was over two weeks when they first started. Staff had completed qualifications in health and social care such as the National Vocational Qualification in Levels 2 and 3. There were opportunities for staff to take additional qualifications and for continual professional development. For example staff had attended training on managing epilepsy to be able to meet the needs of people who used the service. The registered manager said that the provider was very supportive of staff. The training offered to staff enabled them with the skills and knowledge to effectively meet people's needs. Some staff had received specific and additional training to enable them to become 'champions' in particular areas. Champions provided additional support, advice and guidance to other care staff. There were champions in infection control, safeguarding adults, dignity, and mental capacity and DoLS.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. One staff member said, "We are well supervised, if we feel we need to discuss something we only have to ask." All staff felt well supported in their roles and said they were able to approach the registered manager with issues at any time. Supervisions were undertaken regularly in line with the provider's policy and more frequently if required for example when staff first commenced employment. We saw staff meetings were also held regularly to ensure good communication.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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).

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We also checked people's files in relation to decision making for people who are unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. When we spoke with staff all staff were able to tell us their understanding of the MCA and DoLS they were very knowledgeable and were able to apply the requirements of the acts in practice ensuring people's day to day care and support was appropriate and that their needs were met.

The registered manager had devised 'flash cards'. These gave information and guidance on the MCA and DoLS. These had been devised for new staff so they had a reference guide to hand if required. New staff we spoke with told us they found them very useful and the cards had helped them understand the legislation, as they were simplified and at a level they could understand.

The service provided specialist care for adults with autism and additional learning disabilities or other complex. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. People's individual needs were met by the adaptation, design and decoration of the home. The home was well maintained and decorated and furnished in a style appropriate for the young people who used the service

Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of importance from their lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

There were different lounges throughout the service, which meant people could either spend time with friends or be on their own if they wanted calm and quiet. People could move freely around the shared areas.

Is the service caring?

Our findings

Everyone we spoke with was overwhelmingly positive about the staff and the management team. Relatives and external professionals said they could not fault the service. They said the staff were exceptionally considerate, kind and caring. For instance, one relative said, "Since (my relative) moved to Hoylands the change in them has been remarkable; with skilled and specialist input they very quickly settled and has now stabilised to the point where they can access the community again, with support, and return home for regular visits." They explained this had not been possible at their previous placement.

Another relative told us, "The staff work hard to learn how to spot subtle communications that people use. New staff shadow experienced staff for some time to learn these subtleties and how behaviours are dealt with." Relatives thought staff "Went the extra mile to ensure people were happy and safe." They also told us staff were dedicated to ensure people achieved their potential and had a good sense of wellbeing. Another relative said, "The staff give the impression of being truly concerned about (our relative's) welfare and seem to hold him in genuine (appropriate) affection."

One relative said, "A visual communication system has been devised for my relative. A lot of care has been taken to design a visual timetable for (my relative) which they understand and this has made a phenomenal contribution to their well-being and happiness." They also added, "I have been very impressed by the speed and efficiency with which the Managers addressed this need when (my relative) moved to Hoylands House."

We found staff we spoke with were very knowledgeable on how different people they supported responded to different communication methods. This included picture cards, Makaton and visual aids. We saw staff using visual aids to help people be able to make decisions.

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and used people's preferred names. We saw that people's dignity and privacy were respected and relatives said they always experienced this to be the case. For example, we saw care workers sitting outside people's rooms when the person wanted some privacy while still maintaining their safety. Staff also knocked on doors before they entered and they asked people before supporting them.

Training was arranged to meet people's specific needs and some staff were 'champions' in particular there were dignity champions. The registered manager told us the champions were role models and committed to taking action, however small, to create a home that has compassion and respect for people who lived there. Staff we spoke to told us it was important to ensure that all people who lived at Hoylands House were being treated with dignity. They explained it was a basic human right, not an option and that staff were all times compassionate, person centred, efficient, and willing to try new things to achieve this. This was by improving the quality of care and experiences for people who used the service. For example one person had been incontinent of urine, staff identified this was because they would not use the toilet. Staff introduced a commode and the person was able to use the commode over time staff had gradually introduced the use of the toilet. This meant the person was no longer incontinent and was able to go out into the community and not be at risk of urinating in public. This had ensured their dignity was maintained and improved their quality of life.

We also found one person liked to use the hot tub but would not change into a swimming costume staff allowed the person to go in the hot tub in clothes this meant they were still able to access the activity they enjoyed and maintained their dignity. Another example was another person liked to play in the shower and was flooding their bathroom so a wet room was installed to enable water play without worrying about flooding the bathroom. This improved the experience for the person as they were now able to have water play without being restricted.

Health and social care professionals we spoke with said, "Staff are very caring. They take a personal interest in every person and strongly advocates for people, to make sure they get the best service possible. For example staff had identified a medication review was required and ensured this was achieved in a timely way to ensure their needs were met." Another professional told us, "Hoylands House is a pleasure to visit and I have always felt that the home is settled and has a family atmosphere."

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The interaction between staff and people they supported were inclusive and it was clear from how people approached staff they were happy and confident in their company. The registered manager told us that staffing numbers were configured to allow people to participate in activities off site, and we saw that staff went off site with people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet people's preferences and also there were high levels of engagement with people throughout the day.

From conversations we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

All staff showed concern for people's wellbeing in a caring and meaningful way when we spoke with staff they were passionate about their role. The home offered additional free services to people. For example, they invited relatives for meals and to events. At the time of our visit there had been a recent parents' evening. This had been held in the social enterprise shop so it did not impact on the people who used the service. The registered manager told us it gave parents opportunity to meet each other, share experiences and knowledge. The service had provided food and drink and we were told it was a pleasant evening. Another event was being planned for the summer. Where people who did not have relatives or family involvement we saw that advocates had been involved to ensure their views, choices and decisions were heard.

Staff told us that the management team were very good and they all worked well as a team supporting each other. They said the registered manager and the deputy were very knowledgeable and led by example. Staff told us, "The communication is very good and that means we all know what is happening and any changes to ensure people's needs are met." Another staff member told us, "If we as a staff team are happy then the people that live here who we support will be happy, at the end of the day it is about them it is their home." We saw there were hand overs at the start of every shift to ensure any changes were relayed to staff to ensure people's needs were met.

All staff we spoke with were passionate about providing high quality care. They all knew the people well who they supported. Staff told us they were listened to and valued by the registered manager and felt that they worked together as a good team which improved the quality of life for people they supported.

One relative told us, "Hoylands House staff even use their own free time. We have had many examples where staff have gone out of their way in their own time to find things (our relative) would like." For example if staff saw something when they were out shopping that they felt the person's relative would like they would purchase it and give it to them when they returned to work.

Another comment for a relative was, "Staff go out of their way to ensure things are done, for examples fetching Doctor's notes for (our relative) in their own time and buying and downloading films onto (our relative's) media players so they can use them when they go out. "

We found that care plans showed the degree of involvement that each person had with reviewing their care needs, and this reflected the help of their relatives. The care files were very person centred and individualised. There was also a 'life story file'; this was in an easy read format with lots of pictures. It showed who was important to the person and things they had achieved and their goals.

People's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs. For example staff explained how they had balanced out individual preferences and choices, with family and the person's cultural background taking into account that the person's choices were respected.'

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff.

People were supported to maintain important relationships and staff were particularly caring towards people's relatives, in addition to the care they provided to the people who used the service. Relatives told us staff understood the importance of including relatives and close friends in the persons care planning and care delivery.

At the time of the inspection people who lived at Hoylands House were young and healthy. The registered manager told us they had not directly considered end of life care but were looking at appointing an end of life champion. This was so that they could support people if they became ill or had an illness that was life shortening. They also told us it meant they could also support people who used the service if a close friend or relative was ill or died.

Is the service responsive?

Our findings

One person's relative told us, "At this time we can't fault this place, it meets the needs of people." Another relative told us their relative had not been living long at Hoylands House but already there had been significant progress. Another relative told us, "They are spot on with health, very responsive to people's health needs, the staff are absolutely brilliant, they are inventive and innovative in how they manage people and ensure they have a good quality of life."

People also participated in activities in the social enterprise shop, this was called 'Autisan'. The activities in the shop included making crafts or chutneys and jam or serving customers. We saw one person involved in activities in the shop and they were very happy enjoying themselves. The registered manager told us the shop is designed to enable young people with autism to undertake real work and develop new skills. Staff we spoke with told us since the shop been started this had really helped people who were more reluctant to go off site as it meant they were still out of the house and participating in activities. Staff told us, "People are able to either do craft on their own or with other people and if they then want to they can work in the shop serving customers, it gives them social skills and interaction that really helps them."

Relatives told us how the activities on site and in the community had had a positive impact on the people who lived at Hoylands House. One relative told us, "The change in (my relative) has been remarkable; with skilled and specialist input they have very quickly settled and has now stabilised to the point where they can access the community."

There was a horticulture/ enterprise coordinator who managed the shop and activities. We spoke with this member of staff who told us activities were tailored to meet the needs of the people who used the service. For example he explained one person liked to shred paper this was then made into fire bricks and another person enjoyed this job as it involved water. The bricks were made outside so the person could make as much mess as they wanted with no restrictions. Staff told us the person really enjoyed this activity. The bricks were then sold in the shop. Relatives we spoke with all spoke very highly of the activities and how they had improved the well-being of their relatives. That was through stimulation and interaction that was appropriate to meet their needs.

A relative told us, "The management team think creatively and positively about opportunities to engage residents in new activities."

The environment had been arranged to promote people's wellbeing. There were large grounds with orchards, vegetable patch and woods that people accessed. This meant there were no restrictions for activities, even if someone did not want to go out in the community. There was also a sensory room in the home. This had an interactive floor mat. For example bubbles appear on the floor and the person can stand on them to pop them. The staff told us this room was used by a number of people who enjoyed the games as well as also being able to use it as a relaxing room without the interactive mat.

We saw that prior to the admission of people to the home, a detailed care needs assessment had been

carried out. This meant that the registered manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. A relative told us, "I am impressed with the willingness of staff to work with me in relation to the care plan and to always respect my role as a close relative and the fact that I know my (family member) best. I have felt included and informed." Another relative told us, "I was very concerned at the transition stage but the staff were brilliant and it went extremely well." The relative felt this was because staff got to know their relative before they moved in.

We looked at people's care plans. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred had been tailored to people's individual needs and had been reviewed on a very regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. Relative we spoke with told us the communication was very good. One said, "The communication with Hoylands House is very good." Another said, "Communication is excellent. I find that any suggestions I make are listened too."

Staff also understood the need to meet people's social and cultural diversities, values and beliefs. For example one person had a specialist diet and this was important to them staff understood why and worked with the person's family to ensure the diet was provided.

We also saw on person when they first moved into Hoylands House had originally been given a diet to meet cultural and religious needs. However, the staff had identified that the person was very reluctant to follow this and when staff tried to ensure the diet was followed the person became very frustrated and anxious. Staff found the person did not have a close relationship with their family and did not understand why they should have the diet. The registered manager carried out a best interest's decision involving the person, their advocate and staff and it was decided that the diet would not be continued as it was not in the person's best interest. This meant staff had considered their individual preferences and the person had been able to exercise choice and control.

Relatives we spoke with commented staff were responsive to individual's needs. One relative told us, "We are very happy with the care received. There is real effort made to understand (our relative) and ensure that their days and weeks are planned with them in mind rather than being unnecessarily influenced by the needs of others or administrative convenience."

People's needs were taken into consideration in any changes to the environment. For example one person was regularly flooding their bathroom as they loved water and enjoyed their shower but their over enthusiastic water play caused the flooding. Therefore a wet room had been installed in the service to provide a safe environment for the person to enjoy their water play. A relative also told us, "The latest idea is to build a hot-tub, and this is something that we fully support as all the people who live at Hoylands House enjoy it when one is hired. People will get a lot of fun out of this and it can be used when the weather is bad and travel is limited."

The staff demonstrated a good awareness of how people with complex learning disabilities could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests. Relatives we spoke with all commented on the staff's

knowledge of people's needs and how they understood the triggers and how to distract to prevent an episode of challenging behaviour.

Health care professionals we spoke with told us the staff were very responsive to people's needs. They would contact them if there were any changes and seek advice and guidance. They also told us their advice was followed and when they visited staff were knowledgeable on the persons needs ensuring they were met.

There was a very good range of activities and we saw that staff actively encouraged and supported people to engage, which helped to make sure they were able to maintain their hobbies and interests. People accessed the community on a regular basis continuing with hobbies and interests they had before they moved to Hoylands House. People were supported on a one to one basis in the community there were staff on duty to be able to facilitate this. One relative told us, "The programme of activities is fantastic. It is considered and varied, offering a good balance of routine and novelty to ensure that people feel reassured and secure but not bored. The activities are carefully designed for each individual." Another relative said, "I love the activities (my relative) does, cannot fault this at all."

We were shown the activity planners for two people these were detailed and had pictures with activities for the people to be able to understand and make decisions. Activities included going to the library, day trips out to York, Conisborough castle and Yorkshire Sculpture Park. There were also activities to promote independence for example shopping, cleaning and cooking.

Discussion with the members of the management team showed that complaints were taken very seriously. We looked at a complaint that had been received and it had been addressed and resolved. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. It was evident from the comments that were made by relatives that they knew how to complain and felt confident that they would be listened to. One relative told us, "The management always listen to concerns and try to address them."

There was a comprehensive complaints policy this was available to everyone who received a service, relatives and visitors. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to ensure any complaints or concerns raised would be taken seriously and acted on to ensure people were listened to. Complaints records we saw showed these were investigated thoroughly and promptly.

No one we spoke had any concerns at the time of our inspection. However, told us they could and would raise if there was a need to. Relatives told us if they had raised any issues, no matter how minor the staff and registered manager had listened and that all issues had been addressed.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since the service first registered in 2013.

There was exceptionally positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team.

Staff said that all of the members of the management team were very good at their jobs, exceptionally caring, very approachable and always put the needs of the people who used the service first. Staff we spoke with said, "We all work well as a team complement each other." Another said, "The manager and deputy are brilliant always willing to help and answer questions, nothing is too much trouble."

Relatives we spoke with told us the registered manager and staff were all exceptionally good, knowledgeable and understanding. They told us they managed the service well and listened and dealt with anything they raised. One relative told us, "The staff know when to seek advice from their managers. When we have talked to staff and asked difficult questions, staff have been able to find another member of staff to answer us or sought advice from senior managers when they know the answer is out of their knowledge. They use the contact book to ensure our queries are dealt with swiftly by keyworkers or other managers. Even if they know an answer they always refer us to the senior team if it is appropriate."

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, listens and acts on any issues required. We are a good team."

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress. For example the registered manager had identified that the training records were difficult to identify when training was required they had arranged for the providers staff development coordinator to visit on 5 January 2016 to carry out a detailed training audit and review files and records to improve the system. However the audits had not identified the confusion with the medication records that we identified, the registered manager has following our inspection told us this has been reviewed and systems changed to ensure clear procedures were in place.

The registered manager told us the service was currently looking at achieving National Autistic Society accreditation. The registered manager and staff had already completed a lot of work towards this. For example ensuring the care files were person centred including the 'my life story' for all people which was individualised and autism friendly. Staff we spoke with were extremely enthusiastic to ensure they achieved the standards required and were already putting into practice many of the principles of the accreditation.

The service had to evidence that they understood people's needs and were able to meet them, to a high standard. In order to achieve accreditation against Autism Accreditation standards, Hoylands House must provide evidence that it has a specialised knowledge and understanding of autism. That the knowledge and understanding of autism consistently informs the organisation, the resources and management of the organisation and understanding of autism consistently informs the assessment and support plan for people who use the service and understanding of autism consistently informs all aspects of practice. Staff we spoke with were aware of the accreditation and were working towards achieving this. The registered manager told us the evaluation and review visit would be in May 2016. They hoped they would achieve the accreditation at that visit.

The registered manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We saw these audits and these identified areas that required improvements and showed any improvements were followed up to ensure these were carried out. For example at our visit when we identified medication records could be improved the registered manager agreed to implement better systems. They confirmed in writing following our visit that this had been carried out.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive. These were due to be sent out again at the time of our visit as they were completed twice a year.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw that team leaders meeting were held and full team meetings. Staff told us there was also a thorough hand over at each shift change, they also said if staff had been off for a few days this covered the period while they were not at work so they were aware of all that had happened to ensure they were aware of any changes to be able to meet peoples need. Staff told us they felt the meetings were as frequent as required and were well attended. The minutes documented actions required: these were logged as actions to determine who was responsible to follow up the actions and resolve.

We also saw there were meeting for people who used the service. The minutes of the last meetings were available for all people to see. The minutes were available in an easy to read format for people who used the service to understand.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We saw that audits were regularly carried out in all aspects of the service including areas such as the environment, health and safety, infection control, records, medication, and staff training. It was clear that timely action was taken to address any improvements required.

From our observations at inspection, it was evident that the vision and values had been embedded into the way the home was managed and put people at the heart of the service. Feedback from relatives was

overwhelmingly positive and evidenced the quality of service provided was to a high standard.