Scope

Orchard Manor Transition Service

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 ●

Overall summary

Orchard Manor Transition Service is registered to provide accommodation and personal care for up to 31 young adults aged 19 to 25 years. On the day of the inspection there were 17 people in residence. Short and long stays were offered.

The service is housed in three buildings, which are linked by a conservatory. There are three flats with lounge/ dining and kitchen areas and each person has their own room and ensuite bathroom. The building has wide corridors and plenty of storage space for any equipment that people need. There are a number of large therapy rooms as well as a hydrotherapy pool and trampoline. Only two of the flats were in use when we inspected. The service provided care and support to people with profound disabilities and complex needs.

Summary of findings

This inspection took place on 11 and 25 August 2015 and was unannounced. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had received numerous compliments about the care and support provided to the people who lived there. One relative summed it up by saying, "We've been really impressed with everything. I can't think of anything I'd change at all." The service had a very strong, person-centred culture. Everything was based on the needs and wishes of the individual and how those needs and wishes could be recognised, supported and met to give each person the best life they could have.

We saw that people were comfortable and well cared for. People and the staff supporting them had warm, caring relationships and there was a lot of laughter and fun. Staff treated people well and respected their privacy and dignity. Communication between staff and the people they were supporting was exceptionally good, because staff used a wide range of methods to communicate in the best possible way with each person.

The service was safe because there were enough staff on duty to support people in the way they wanted to be supported. Pre-employment checks had been carried out before staff started to work at Orchard Manor and staff had been trained to recognise and report any incidents of harm to people. Any potential risks to people were managed so that the risks were minimised, whilst ensuring that people were enabled to be as independent as possible. People were given their medicines safely.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed by staff trained to do so. This meant that the rights of people not able to make their own decisions about aspects of their care were protected.

People were supported by a highly motivated and well trained staff team. The service provided a very wide range of opportunities for therapy sessions, activities and outings and people's individual hobbies and interests were encouraged. People were part of the local community.

People and their relatives were involved in the planning and reviewing of their care. Detailed information was available to staff so that each person received the care and support they needed in the way they preferred. Staff were pro-active in finding and using the most up to date assistive technology to support people to be as independent as they could be.

The service was managed effectively and was constantly striving for excellence. People, their relatives and the staff were encouraged to give their views about the home and put forward their ideas for improvements. The provider's complaints procedure was well advertised and relatives said they felt comfortable to raise any issues with the management team. An effective system was in place to monitor and audit the quality of the service being provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Potential risks to each person had been assessed and guidelines put in place so that the risks were minimised with as little restriction as possible on the person's activities and independence.

There were enough staff on duty to meet people's care and support needs. The recruitment procedure ensured that only staff suitable to work in a care home were employed.

Medicines were managed safely and in accordance with good practice.

Good

Is the service effective?
The service was effective.

Staff received training and support to make sure they were knowledgeable and competent to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good

Is the service caring?
The service was caring.

People were supported by kind and compassionate staff in a way that respected their privacy. People were encouraged and supported to be as independent as possible.

Staff showed they cared about the people they were supporting.

Visitors were welcomed at any time and people were encouraged to maintain contact with their families.

Outstanding

Is the service responsive?
The service was responsive.

People were involved in planning the support they wanted. Care plans gave staff detailed, personalised information on how to support people and keep them safe.

People were supported to pursue their hobbies and interests and a range of outings was offered to people.

People knew how to complain if they needed to and they were confident that their concerns would be addressed.

Outstanding

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was an effective management team in place and staff were supported well.

There was an effective system in place to monitor the quality of the service that was provided to people.

People, staff and visitors to the service were encouraged and supported to put forward ideas and suggestions for improvement.

Orchard Manor Transition Service

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.

This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection was a carer of a relative with complex needs including a learning disability.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We spent time in the shared areas of the home where we observed how the staff interacted with people who lived at Orchard Manor. The majority of people who lived at Orchard Manor did not use words to communicate. We used a number of ways to communicate with people, including sign language and pictures. With the aid of their supporters, we spoke at length with two people who used the service and briefly with several other people during the day. We spoke with eight support staff, one relative, one therapist and the registered manager. We looked at two people's care records as well as some other records relating to the management of the home, including medication administration records. Following the inspection we spoke with four people's relatives on the telephone. Two healthcare professionals completed a questionnaire we sent them. Their views have been included in the report.

Good

Is the service safe?

Our findings

People told us they felt completely safe at Orchard Manor. One person said, "Staff are nice, and they're kind to me. No-one hurts me." People clearly trusted the staff to do their best for them. This trust extended to potentially scary situations, such as being hoisted or being supported to walk a few steps with a walking frame. Relatives told us they were totally confident their family member was safe. One relative said, "We've never had any worries about abuse, we know [our family member] is safe." Another told us, "Staff definitely wouldn't make fun of [name] or hurt [name]." A third relative said, "Our [family member] is safe and well cared for. We know the staff wouldn't hurt [name]." A health professional told us that people were safe living at Orchard Manor because the staff were very professional. They told us they had never had any concerns about how people were treated or cared for. They said, "They know the residents well and residents appear happy when I visit."

Staff were clear about what to do if they had any concerns about people being harmed in any way. They had all undertaken training in safeguarding people from harm and demonstrated that they knew how to recognise and report abuse. They showed us that there were posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so.

Staff were certain that their concerns would be taken very seriously by their managers. However, they said they would not hesitate to contact external agencies such as the local safeguarding team or the police if they felt their concerns were not being dealt with appropriately. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team. The provider had their own safeguarding team and any investigations were carried out by a manager from another area, alongside the local authority team, making the investigation independent. This meant that the provider had an effective system in place to keep people safe from harm.

There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and satisfying lives. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence. The assessments were regularly reviewed and revised if the person's needs had changed. The provider employed specialist therapists who used their skills, training and expertise to identify people's needs in terms of their safety. This involved, for example, identifying specialist equipment and safe practice or implementing therapy programmes such as chest physiotherapy. One example was of the procurement of a specialist dining chair for one person. The chair helped the person to sit in a correct and safe position so that they did not breathe in their food. The therapists attended special interest groups and professional conferences, as well as training, to ensure they kept up to date with current best practice. They cascaded their knowledge and expertise to support staff, who were encouraged to discuss, record and report any concerns or ideas. Staff confirmed they were comfortable to discuss people's safety.

The registered manager told us that all staff had been fully trained to observe, recognise and interpret when each person did not feel safe. Detailed guidelines for staff relating to this were recorded in each person's care plan. Staff told us, and we saw, that they knew each person really well. They used a number of methods, such as 'reading' body posture and facial expressions so that they knew when the person felt unsafe. Staff actively employed their skills to 'read' the signals in all aspects of each person's care, from assisting the person to transfer in and out of a hoist to going somewhere new in the community. For example we saw one person being assisted to transfer from their wheelchair to a tricycle. Two staff were supporting the person who was using the hoist controls themselves so that they were in control of what was happening. The staff had ensured the correct equipment was being used and spoke with the person the whole time to encourage them and make them feel safe.

Each person had a personal evacuation plan (PEEP) in place, which gave staff and others, such as the fire service, detailed guidance about each person's needs if there was an emergency situation. The registered manager said that evacuations were practiced regularly and involved the people who lived at the service.

One person told us there were "lots of staff." Relatives said there were always enough staff. One told us, "There are always staff on duty who know our [family member's]

Good

Is the service safe?

needs well." On the day of our inspection there were 18 support workers as well as therapists, team leaders, skills tutors, the senior skills tutor and the registered manager on duty for the 17 people in residence. This meant that there were enough staff for each person to have at least one-to-one support and two-to-one support when required. There were therapists and skills tutors to lead the activity sessions. The registered manager explained that the staff rota was devised to ensure that there were sufficient staff on duty so that they could be deployed according to: each person's preferences and needs; the professional relationships between the person and particular staff members; and the staffs' skills and training in the activities the person had planned to undertake that day. This was arranged so that each person had the best support possible for their day.

Staff told us that the numbers of agency staff employed had been reduced. The service only employed agency staff who had worked at the service on previous occasions. One member of staff said, "There are agency staff but they know our guys as well as we do." Staff rotas were adjusted when there were additional people using the service for respite care, so that each person's staffing needs continued to be met. This meant there were sufficient staff deployed to meet each person's individual needs.

Staff told us that all the required checks had been carried out before they were allowed to start work at the home. These included references from previous employers, proof of identity and a criminal record check. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We checked how medicines were managed. We found that the arrangements for the handling and disposal of medicines were satisfactory. Accurate records of medicines received into the home, administered and disposed of were maintained. Medicines were stored securely and at the correct temperature. Each person had a care plan in place, which gave staff guidance, such as the medicines the person was taking and how they liked to take them. There were protocols in place for people who were prescribed medicines on a 'when required' basis. One person had a medical condition which required that the correct medicines were immediately available at all times. Risk assessments had been carried out and strategies put in place to ensure that this was managed safely and that the person was kept safe by having their medicines with them wherever they were.

Staff confirmed that they received training in medicine administration every year and that their competence to administer medicines was assessed every six months by a team leader or manager. Medicines were audited by a daily count, which pinpointed discrepancies immediately, and by a full monthly audit. This meant that people were given their medicines safely and as they were prescribed.

Good

Is the service effective?

Our findings

Relatives were very confident that people's needs were being fully met by the staff at Orchard Manor. They told us that staff were very well trained. One relative, referring to staff's training, said, "There is a lot of attention to detail." Another relative told us that the service had sought out relevant training for staff in a number of topics so that staff were properly equipped to offer their family member the specific care they needed. This training had been undertaken by the staff before the person moved into the service. This relative said that the service "had definitely gone the extra mile." A third relative explained that their family member had very complex needs. They said, "The [care staff] are very knowledgeable and very experienced in complex care."

People were cared for by verywell trained staff. The registered manager told us and staff confirmed that each member of staff had a professional development plan (PDP). The training plan included input from both external sources and in-house training and the objective of all the training was focussed on the people who used the service. The registered manager said, "The PDP includes aims for each staff member to ensure they are fulfilling their duties to deliver best practice for the customers they serve." Staff received regular one-to-one supervision from their line manager. Supervisions were used as an opportunity to discuss the staff members PDP and whether they were meeting the aims that had been set.

Staff told us they had received training in a wide range of topics relevant to their work. One member of staff told us, "Training and information is ongoing and all the time." Another said, "Training is ongoing." One of the team leaders showed us that they had received an email that day with a date for upcoming training and they were looking at training records to ascertain which staff needed to attend. Staff told us that, as well as courses in a range of subjects being available, they also had a half hour training session before each staff meeting, which they found very useful. These sessions were designed to cover any immediate issues.

Staff told us they had received a comprehensive induction when they first started to work at the service. The induction included formal training across all aspects of care from trained professionals, hands-on practical learning and shadowing experienced staff. One member of staff said about their induction, "I had to shadow staff and complete very in-depth training."

The trained therapists who worked on site provided both formal and informal training for staff. During the inspection we saw a physiotherapist working together with a member of staff to assist one person to use a particular piece of equipment. The person, physiotherapist and the staff member were all sharing information about best practice to make sure the person had the best possible experience.

The registered manager told us that some staff had attended 'train the trainer' courses so that they could cascade their learning to other staff. There were 'champions' amongst the staff team, such as infection control champions. These staff shared their knowledge with the rest of the staff team, including the therapists and managers, to ensure that best practice was recognised, practised and maintained across the service.

Some training had been adapted and delivered to staff to meet an individual's specific needs. For example, an external nurse trainer had delivered training in diabetes management, which was specific to the needs of one person. The service also worked with other agencies to identify and deliver best practice. For example, the company supplying the equipment and supplies for enteral (directly into the stomach) feeding had trained all the staff in the most up to date techniques.

The registered manager told us that all staff had received training and regular updates on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a clear understanding about including and involving each person in decisions about all aspects of their lives and we saw this in practice. For example staff ascertained from one person that they wanted to wear a jacket when they went outside, so staff took the person to their room to choose which jacket they preferred. Staff used a wide range of methods to communicate with people, such as sensory cues, signing, symbols, photographs and objects, as well as speech. Details on how to involve the person in decision-making according to their individual level of understanding and preferred communication methods were included in each person's care plan.

Good

Is the service effective?

The service had started with the premise that everyone had capacity to make their own decisions. The speech and language therapist had carried out mental capacity assessments to explore particular issues for people. One example was of a person who wanted to use a social networking website. The person's understanding of the use of the website and of sharing their pictures was explored to protect the person's safety. At the time of the inspection the service was exploring the possibility that some people would need support with some decisions such as moving on from Orchard Manor. An Independent Mental Capacity Advocate (IMCA) was available to advocate for people, to ensure that people's rights in this area of their care were protected.

People's individual nutrition and hydration needs were met. The registered manager told us there was no set lunch time: people could have their lunch whenever they chose to. We saw that staff offered each person a choice of food and drink. This was done according to the person's preferred methods of communication. For most people this involved showing the person the actual choices available, such as a pasta dish or a sandwich. Staff checked each time that they had understood correctly the person's choice. We noted that there were different choices for people. Staff explained that the choices were based on each person's preferences and their dietary needs. One person said they wanted fish and chips. They did not feel well enough to go out, so staff went to the local chip shop to buy their choice for them. Staff held 'tasting sessions' regularly so that people could try different foods. Each person's reactions were noted to each food and the food added to their preferences in their support plan.

People were involved in preparing meals if they wanted to be. For example, staff told us that one person regularly went to the local shop with pictures of the foods they needed to buy on their iPad, bought the food and then cooked lunch.

Relatives expressed complete satisfaction about the way food choices and meals were managed. One relative explained that their family member had a medical need, which was partially alleviated by a special diet. The person did not have the mental capacity to make an informed decision about their diet so a best interests decision had been made by relatives and relevant professionals. Staff enabled the person to choose what they wanted to eat from foods included in their diet. Their relative said, "[The staff] took it on board and went all out to change what [name] is offered."

People's healthcare needs were met by the involvement of a range of healthcare professionals, both externally and those employed by the service. The registered manager told us, "Specialist therapists are employed by the service. They use their professional training and skills to ensure the best healthcare outcomes for people." For example, the physiotherapist employed by the service ran a chest clinic weekly for people identified with a need for this. Other physical exercise programmes such as hydrotherapy in the service's hydrotherapy pool, 'rebound' using their trampoline, stretches and exercise using standing or walking equipment had been devised for each individual. Support staff assisted people to carry out their programmes and we saw that staff also made the sessions as fun-filled and stimulating as possible.

The service worked in partnership with a wide variety of external health and social care services to ensure that people's healthcare needs were met and that a 'joined up' service was provided to people. Each person had a hospital passport in place so that hospital staff knew each person's needs and preferences. The service had liaised with the local hospital's learning disability nurse so that hospital admissions went as smoothly as possible. The service had strong relationships with specialist dentists in the area as well as local GPs. The registered manager told us that liaison between the service's own speech and language therapist, a social worker and external healthcare professionals had ensured that one person had received the investigations and treatment they needed to give them the best possible quality of life. Health diaries confirmed that people had been supported to see, for example, chiropodists, opticians, dentists, hospital consultants and their GPs.

Each person had a health plan in place. Included in the plan were details about every part of the person's body, such as 'back and shoulders', 'legs and feet' and 'arms and hands', to ensure that nothing about the person's physical abilities or needs was missed.

Relatives told us they had no concerns about their family members' health. They said the service involved them fully and staff always let them know if their family member had an appointment so that they could attend if their family

Good

Is the service effective?

member wanted them to. If they were unable to attend, staff always contacted them about the outcome. One relative said, “They’re very very good at communicating and contacting us. I have never felt I didn’t know what was going on.” An external professional told us that staff were very pro-active and referred people to them appropriately, followed any advice they were given and provided feedback as requested. This meant that people were well supported to maintain, and in some cases, improve, their health.

Outstanding ☆

Is the service caring?

Our findings

We saw that people who lived at the service and the staff got on well together and had warm, friendly, caring relationships. Staff made people feel that they mattered. For example, staff always greeted each person whenever they met them, even just in passing in the corridor. Staff made eye contact with the person and always waited for the person to have time to respond. There was lots of laughter and appropriate banter.

People's relatives were effusive about the staff team, especially the permanent staff. They made comments including, "they're absolutely brilliant", "the staff are all lovely", "all the staff are very very good", "they are really nice staff" and "the care is brilliant." They used words such as "trustworthy", "respectful", "friendly", "approachable", and "committed" to describe the staff. One relative, whose family member had very complex needs, told us, "At school, [name's] disability defined them. At Orchard Manor they see through the disability. They've gone a long way to build up a relationship with [name]."

One relative said, "It doesn't seem like a job to the staff; they're there because they love it." Another told us, "I have a lot of confidence in the staff." A third relative said, "They show a huge amount of affection and respect without over-stepping the boundaries. They care massively and have built very strong relationships [with people]." One of the external professionals told us, "All staff are very professional whilst remaining friendly and approachable. People are happy there."

Staffs' empathetic, caring, warm attitude to people was reflected in the daily records they wrote. The records gave a full and detailed description of each person's day and staffs' interpretation of how the person had felt about what they were doing. One staff member had written, "[Name] was a little shy at first to touch the [new iPad] screen but later stretched out and produced different sounds which mostly made him smile." Another record included, "[Name] was a little quiet on the way down [to the railway station], but definitely cheered up when one train stopped and another went whizzing by. It was a really nice group adventure and they came back for a fish and chip lunch."

The service had a very strong, person-centred culture that was remarked on by everyone we spoke with. Care plans were totally personalised to each individual. One external professional told us, "They have a remarkable ability to see the person and what's important to that person." They said staff were pro-active in searching out and finding new experiences for people to try. Staff talked about what was important when caring for people. One staff member said, "Seeing them as a human being. Give them time to make decisions." Another told us, "[People] are not made to feel disabled. We concentrate on what they can do." One relative told us that staff had taught them a lot. They said, "Watching Orchard Manor staff interact with [name] brings it home that [name's] an adult." Another relative told us, "They're a very dedicated set of people. They've always got [name's] best interests and welfare at heart." A third relative said, "There are certain key members of staff [name's] bonded with. He reaches out [physically] to some staff he really likes. Within a few weeks some staff had worked out that [name] has a cheekiness about him."

Two relatives spoke with us about the way staff had worked to make each of their family member's reviews as person-centred and as inclusive as the person wanted it to be. One relative told us their family member had been able to choose to offer their guests at the review ginger beer and jaffa cakes and had chosen some music to play. The person had made a collage of the colours, fabrics and pictures of the way they had chosen to have their room decorated. Staff supported the person to take the collage to the review, which enabled the person to be more involved in the review process.

A board was used during people's reviews for everyone present to write down 'What we appreciate about the person'. One relative wrote, "All your encouraging words are a real boost for [name of person]. As parents, it is important to realise that others admire and appreciate all these qualities in our daughter. Thank you."

One of the professionals we spoke with told us, "The focus has been totally on the person using the service and involving them about the suitability of my visit. The reviews are totally person-centred with the person involved to the level they want to be." Following a review, a relative wrote to the service and said, "Thank you so much for all the time, effort and care put into [name's] review. The reports have captured him so brilliantly and really reflect how well you know him."

The service employed a full-time speech and language therapist who assessed the communication needs of each person. The service had actively sought out new

Is the service caring?

technology to increase communication, engagement and independence. A wide range of inclusive methods of communication were used according to the needs of each individual, including symbol files, signing, sensory cues, objects of reference, iPads using specific apps and single message voice output devices. Staff used a number of techniques to help people express themselves, including the use of videos and props. People who had no physical access to other devices were being taught to use an eye-gaze device to aid communication.

Staff were exceptional at supporting people to be as independent as possible. We were given examples by relatives and saw numerous examples ourselves. Such as staff taking someone up in the lift waited for the person to press the button for the floor they were going to and one person was given the time and support to take their own cup to the kitchen. Staff praised people for their achievements. People had total control over what they wanted in their room and how they wanted it decorated. One relative told us staff had taken their family member to a particular store where the person could see furniture and furnishings in different room settings. This was so that the person could more easily visualise what new furniture, curtains and bedding would look like in their own room and could then make more informed choices.

We saw that people were treated with the utmost respect for their privacy and dignity at all times. Whenever staff were supporting someone they concentrated on the task in hand. Their conversation was always with the person, not with each other and included explaining to the person what they were doing and what was happening. Staff always knocked on doors, and waited for a response, before entering a room. Doors were kept shut during personal care and all personal matters were dealt with discreetly. When we spoke with people who were being supported by a member of staff, the member of staff asked the person's permission before giving us any details about the person.

In the reception area we saw a large paper tree on one wall, called a 'dignity tree', which staff and people using the service had designed. The registered manager explained that the dignity champions had arranged a Digni-Tea day. Everyone, people, staff and visitors had been encouraged to be involved and add a leaf stating what dignity meant to them. Staff had also asked everyone to tell them whether they were getting it right. We saw that a number of people had added a leaf and the comments were very positive. The leaves were used in sessions with people and in staff meetings to continue dialogue on the subject. The dignity champions were in the process of talking to people about whether people would like to be a dignity champion for the service.

People told us that their relatives visited and contacted them by email. Staff told us that people's families were very welcome to visit their family members whenever the family member wanted them to. The decision was always in the hands of the person using the service. Relatives confirmed this. One relative said, "[They've got] a good balance of making us feel welcome but always in [name's] best interests." Another relative told us that they dropped in at different times of the day and were always made to feel very welcome. They said that the staff had explored a number of ways for people to keep in contact with their families, including the use of social media, computer systems including Skype and Face-time and arranging home visits. One relative said that the service was supportive to the whole family and provided staff support when the person went home for the weekend.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as in a decision about one person having an operation and another person moving to Orchard Manor who had no choice about their placement. Advocates were mostly involved in decisions about medical care and about moving on. People were given the opportunity to attend self-advocacy groups.

Outstanding ☆

Is the service responsive?

Our findings

Each person had a support plan in place. The registered manager told us that the staff team had worked on a new format for the support plans, which was being introduced at the time of our inspection. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. The speech and language therapist had written a statement for each person relating to that individual's capacity to make decisions about their care and support. The support plans then gave guidance throughout on how to involve people in making choices about all aspects of their lives.

The person themselves, as far as they were able to and wanted to, and their relatives had been fully involved in planning the person's care and support. One relative told us, "We had a lot of input into [name's] care plan." Another said, "Care is personalised. The staff find out what she [the person] wants to do."

Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. For example, for one person there was a series of photographs showing staff how to support the person to use the equipment to assist them to stand. For another person, there were photographs detailing where on the person's lap the assistive technology switches should be placed so that the person had full access to them. Some of the personalised guidance was emphasised in bold, to ensure it was not missed. Such as 'My feed needs to be stopped five to ten minutes before I'm hoisted. This is to help settle my stomach'.

Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. They used the information they gathered to make changes to people's support plans. For example, one person wanted to attend a full range of activities at the skills centre as well as maintaining a busy social life with their family. The person became tired, emotional and upset. The person was supported in one to one meetings with their keyworker and other staff to choose the activities that were most important to them. This meant they could enjoy a range of activities and their social life, balanced with some time for rest to maintain their health and well-being. Another person was offered a move to a bedroom with a bath in the ensuite as they communicated that a shower was not their preference. Since the move, the registered manager told us the bath had been replaced with a bath with jacuzzi jets and mood lighting, which the person enjoyed using even more.

A relative told us that the person's transition from their previous placement was excellent. The staff from Orchard Manor had visited the person "and got all the information they needed." A professional was impressed with the staffs' level of understanding of people's needs. They told us that staff had discussions with staff at the services that had supported the person in the past. They also had discussions with a range of professionals about the care and support the person might benefit from and kept everyone, including family, informed. The person was always fully involved in the discussions, with their family if they wanted them there. A relative said, "They've gone with the flow brilliantly. They're very very adaptive to his needs. It [the service] is very personalised, very reflective to his needs."

Staff supported each person with their social and cultural diversity, values and beliefs. The registered manager explained that staff had requested that information about people's cultural and religious needs be put at the beginning of their support file. Staff had recognised that this information would inform some aspects of how people wanted to receive their care and support. For example, females who used the service were always supported by female staff for their personal care needs. Two visitors to the service independently commented that they felt it was very positive that a number of the staff were in the same age group as the people who lived at the service. They said this created "a young vibe", with an age-appropriate atmosphere with lots of joking and light-heartedness. They were able to support people to have age-appropriate experiences, including the use of technology for music, games, and the use of social media sites.

Outstanding ☆

Is the service responsive?

We looked at the support plan for one person and noted that the emphasis of their support plan was around their cultural needs. For example, the plan included a lot of information for staff about the person's religion and the ways that would affect the support they required. The plan also included details about traditions, practices, beliefs and daily life from the person's country of origin.

One relative told us that the staff team was always very responsive to "new needs". A special diet had been recommended for their family member. The service arranged training for the staff with a dietician and staff accompanied the person to a special clinic in Surrey twice a year. The relative told us, "It was a lot of extra work but they just did it and never complained." Another relative told us how pleased they were that the service planned a roster of staff to support the person when they were admitted to hospital in London. The person chose which staff they wanted and the service trained the staff. Another relative told us that each time their family member was admitted to hospital the staff brought everything the person needed and stayed with them, even overnight. "We felt very re-assured."

One person had indicated to staff that they were afraid of dogs but also that they wished to overcome this fear. A very structured and gradual approach, which took more than a year, was used by staff to introduce a Pets as Therapy (PAT) dog. The person was very proud of their achievement when they felt safe enough to be in the same room as the dog and then hold the dog's lead.

The service had been extremely pro-active in accessing assistive technology. A year-long project, funded by a donation, had taken place during which an assistive technologist had been employed and a wide range of equipment had been trialled. Where the equipment had been used successfully by an individual, it was purchased for that person from the project fund. The equipment belonged to the person and would go with them when they moved to a new home. As part of the project, people had been supported to trial equipment to help them control their environment, such as opening and closing doors, curtains, blinds and windows, and turning on and off lights, fans, music and televisions. One person, who moved on from Orchard Manor, had been successfully supported to have a door opener and curtain and blind control fitted in their new property.

People were offered opportunities to participate in a very wide range of activities and each person had been supported to try as many different activities as possible. An individual timetable of activities had then been devised to include their preferences and build on their skills and independence. A relative told us, "[Name] is encouraged to follow their interests. They joined [name] up to the local library to get CDs and talking books." Another said, "Staff have worked with [name] to do IT – they've put games on [their computer]." Timetables were continually reviewed and amended to meet people's preferences and their developing skills.

On the day of the inspection we saw skills tutors and therapists running several different sessions. We watched a music session, where people played instruments of their choice, supported by staff. The session was recorded on an iPad and then played back to people on a big screen. People enjoyed the session immensely, especially seeing themselves on the screen. We also saw people using computers to do activities of their choice, such as listening to music, playing games or just watching colour sequences. People were supported to go out in the garden, for a walk or a bike ride and some people had chosen to go into town or swimming. The service had the flexibility for people to be involved in sessions, to do what they wanted within the session, or not to be involved at all and do something different.

One person told us that they enjoyed swimming, walks, cooking, shopping, the cinema and bowling. Their support worker added that the person enjoyed going to the animal shelter and liked to take the PAT dog for a walk when it visited the service. We heard about, and saw pictures of numerous outings and activities that people had undertaken and had clearly enjoyed. One relative said, "They [the staff] are very adventurous. They're going to take them skiing." Another relative told us, "They do a huge amount socially." This included celebrating each person's birthday in whatever way the person wanted, and one person had been supported to plan and throw a leaving party before they moved on. This had taken place during the weekend before our visit and staff told us that everyone had been involved, making bunting, hanging balloons and preparing food. One relative was very pleased that staff had not "given up" when their family member had not enjoyed

Outstanding ☆

Is the service responsive?

a particular activity. The relative said, “They’ve picked up that [name] might not always enjoy something. They don’t let that stop them taking him out: they always have a plan B so that he can move away quickly.”

The service had a complaints policy and procedure, which was on display and was included in information about the service. Relatives all knew how and to whom they could complain if they needed to. One said, “We would know who to go to if we had any issues; it’s been made very clear. The person in charge always comes and speaks with us.” Another said, “I’ve always felt comfortable raising any issues” and added that the issues had always been quickly resolved. A professional told us, “I’ve never had to raise any issues, but I get the sense that if I was concerned, it would be taken seriously. The staff always pre-empt issues that I might raise and explain how they’re trying to find answers.”

Staff were clear that they would have no hesitation in supporting people to complain if the person wanted them to. Both professionals were completely confident that staff would support people to complain. One said, “Staff know people’s wishes are important and that people should be listened to.” For example, the management team had resolved one person’s issues and respected their wishes about the time they wanted to go to bed by adjusting the staff rota and the times some staff started and finished work.

Good

Is the service well-led?

Our findings

The service had received numerous written compliments from people's relatives, external professionals and staff. One family wrote, "[Name] has been very happy during his time at Orchard Manor. I have seen him grow into a lovely young man. He always seems happy and content and has made some great friends. He has enjoyed the sessions and also his time out and about with his mates. Thank you for being there for us." Another relative wrote, "I would like to say a huge heartfelt thank you for everything you have all done for [name] and us as a family….He has turned out a wonderful young man thanks to all you have done for him."

Relatives consistently told us how completely satisfied they were with the service their family members received at Orchard Manor. One relative told us, "I haven't shed a tear. Right from the start I was completely at ease with the home. I feel comfortable enough to go abroad for two weeks." Another said, "It's been fantastic. [Name's] had such a good year. He settled in really well and has been consistently happy." A third commented, "They're outstanding. I work in the sector so I know what good looks like and they are brilliant." A professional told us, "What they do they do incredibly well: inclusivity; choice-giving; listening to what the person might want; and how they reach each person. This is a very good service that supports people really well."

The service had a very open, inclusive, caring culture that focussed on the needs of each individual. One professional described the culture as, "Professional and supportive yet friendly and fun." Another professional told us, "It feels like it's a very open service, very open to people asking questions." A relative said, "The culture is superb. Very accessible, very easy to walk in and chat to people. The teams in the flats are brilliant; they have very strong relationships with people and their families." Another relative made the comment, "It's a very open environment."

There was a registered manager in post. Staff and relatives knew who the registered manager was and we saw that she was an integral part of the staff team. The registered manager's enthusiasm for the service and her excitement about further improvements that were planned was palpable. For example, she described to us the bespoke training that was being accessed. The training related to some new computer software, which gave people easier access to interesting applications on the computer. The training was for the person, their family and their support network and meant that people would be able to continue to use the software when they moved on from Orchard Manor.

The 'management team' consisted of a deputy manager, a manager in each of the flats and team leaders as well as the senior skills tutor and therapists. This team provided very strong role models for support staff, skills tutors and other staff who worked at the service, such as housekeeping, catering, administration and maintenance staff. One relative said, "[Name of one of the management team] is absolutely brilliant." When we asked about the management of the service, one member of staff told us, "It's a lot more focussed, very much improved since [name of registered manager] started. It's well organised and much better now."

The registered manager told us that the provider was rolling out MANAGE training to all services. This training was being offered to all managers and team leaders to develop management skills and abilities relevant to their role and function, in order to ensure the service was managed effectively.

Staff told us how much they liked working at Orchard Manor. One staff member said, "This is a great place and a great job." Another told us, "I am very happy, I love it." A relative commented, "They [the service] are good at moving staff up into higher positions." Staff said they were able to make their views about the service known in a number of ways. They received one to one supervision monthly, staff meetings took place monthly and the management team were always available, visible and approachable.

The service had creative ways of providing training to ensure that the service provided by the staff was totally focussed on the wishes, goals and needs of the people to whom the service was being provided. For example, 'Customer Excellence' training had been rolled out to staff across the service. This training enabled staff to identify what it meant to be a 'customer' (person using the service) and what a high quality service looked like. From this, staff were enabled to identify the ways in which the service they provided could be improved. One member of staff told us, "Staff are encouraged to put their ideas forward and to try out new things."

Good

Is the service well-led?

The service had a number of ways to enable people, their families and other visitors to the home to comment on what the service was doing well and how it could improve. A project had been undertaken at the service to explore how to gain feedback from the more profoundly disabled people who were unable to express their views. The project came up with a process of 'structured observation' using video footage across different aspects of the service. People's responses were analysed, which led to a greater understanding of their non-verbal responses and a better understanding of how to support each individual in the best way possible. This feedback project led to the 'Orchard Manor Team' being shortlisted as a finalist for the East of England Care Awards 2014 in the category of 'Putting People First'.

Each flat had a weekly meeting and each person met regularly with their keyworker and had one-to-one sessions with their therapists. During these meetings people were supported to understand about concerns, complaints and feedback and were given opportunities to share their views.

Relatives told us they felt very comfortable giving feedback. They said they had been encouraged to do this in a number of ways. Every time they visited the service staff encouraged them to discuss whether the service that was provided to their family member could be improved in any way. They had opportunities to complete written questionnaires to give their opinions about the quality of the service. There were questionnaires at the service, which they could complete when they visited and they were sent a questionnaire to complete before they attended their family member's reviews, held at least every six months. One relative told us they preferred to email their comments more frequently, especially to praise the staff team. Staff confirmed that there was a lot of email communication between relatives and staff at the service.

Visitors to the service, such as visiting dentists and other professionals, were asked to complete a brief quality questionnaire at the end of their visit. Very positive comments had been received, including, "excellent communication"; "excellent, caring staff. Nothing was too much trouble: they were very thorough and knowledgeable"; "loved the whole Orchard Manor experience"; and "absolutely amazing, fantastic, excellent."

The registered manager said that any comments were shared with individual staff or the whole staff team as appropriate and any requested improvements were put in place wherever possible.

The provider had auditing systems in place to monitor and assess the quality of the service. The registered manager told us that the service had a continual service improvement plan in place. This included audits that were carried out regularly, both internally and by external members of the provider's staff. For example, there was a Scope Quality Group which carried out "mock inspections" and other managers carried out unannounced monitoring visits to the service, including during the night. Care plans were audited monthly, to ensure that all the required information was in place and accessible to staff as well as accurately reflecting the most up to date care and support that the person required. Medicines were counted daily and a full audit carried out monthly. A recent daily check of medicines had identified that there had been an error. This was dealt with immediately and appropriately to ensure that the error was not repeated.

People were part of the local community. They accessed local services, such as the train, swimming pool and the church. One person with profound physical disabilities had attended a local yoga class. Another person worked at a local Scope shop. People had also been farther afield, for example to National Trust properties, Santa Pod, concerts and discos. They used facilities such as the bikes in a Cambridge park and driving a pony-trap in Ely. One person had chosen to attend a day service away from Orchard Manor. Staff had supported some people from Orchard Manor who had been involved in lobbying the local council to provide appropriate facilities in Cambridge for people with disabilities. Another person had worked with a community group to produce a 'Good Pub Guide' for the local area for people with disabilities. Staff also supported people to access community facilities in the area they would be moving on to.

The local community was involved with the service in a number of ways. Volunteers had been recruited to support people in specific ways, based on the skills of the volunteer and what they wanted to do. For example, assisting in skills sessions, driving people to church at weekends and gardening. Some time ago a local business had created a huge, accessible climbing frame in the grounds, called 'learning curves', which enabled people in wheelchairs to

Good

Is the service well-led?

climb up slopes, access the water features and play. This was still well used and very much enjoyed by people. The business sent a team in each year to carry out maintenance and painting.

Records were maintained and kept as required. Records we saw, including care records were all neat, tidy and well-organised and although kept securely they were easily accessible to the staff. People were always asked if their records, or any information about them, could be shared with others, such as visiting professionals and us. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.