

# Education and Services for People with Autism Limited







## Orchard House

### Inspection report

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#### Ratings

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

#### Overall summary

We inspected this service on 7 and 8 January 2015 and our visit was unannounced. This meant the staff and provider did not know we would be visiting.

Orchard House provides care and accommodation for up to seven people. The home is a large detached house set in its own gardens in a residential area, near to public transport routes and local shops. The home specialises in the care of people who have autism and learning disabilities. On the day of our inspection there were a total of six people using the service.

The home had a registered manager in place. 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.

# Summary of findings

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a very friendly and respectful manner.

We spoke with two care staff who told us they felt supported and that the registered manager and deputy were very approachable. One staff member told us, “We work together as a team with the manager taking part in the routine of the day and helping to care for everyone.” Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager, deputy and staff on duty.

People had their physical and mental health needs monitored. There were regular reviews of people’s health and the home responded to people’s changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We saw people’s care plans were very person centred and written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for service users to understand by using of lots of pictures and symbols. We saw lots of evidence to demonstrate that people were involved in all aspects of their care plans.

The care staff we spoke with said they received appropriate training, good support and regular supervision. We saw records to support this.

People were protected from the risk of abuse. The care staff we spoke with understood the procedures they needed to follow to ensure that people were safe. They had undertaken training and were able to describe the different ways that people might experience abuse. Staff were able to describe what actions they would take if they witnessed or suspected abuse was taking place.

One person told us, “I’m safe and I know who to talk to if I wasn’t thank you.”

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people’s needs and wishes and we viewed records that showed us staff were enabled to maintain and develop their skills through training and development activities. The staff we spoke with

confirmed they attended training and development activities to maintain their skills. We also viewed records that showed us there were safe recruitment processes in place.

Procedures for dealing with emergencies were in place and staff were able to describe these to us.

For example, there was a policy and procedure in place for people to follow in the event of a fire. Staff outlined to us what they needed to do in the event of a fire or medical emergency.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were able to describe the circumstances when an application should be made. The registered manager told us that some people had DoLS authorisations in place and they had worked with the local authority to ensure that they were appropriate and had been considered in peoples’ best interests.

Throughout the day we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for peoples’ wellbeing and it was evident that all staff knew people at the home very well. This included their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people’s care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example, we saw that staff gave explanations in a way that people could understand. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions.

People were given opportunities to make decisions and choices during the day, for example, what activities to take part in , or where to sit in the lounge. We saw carers encouraged people to give their views and supported people to make choices and decisions. People were asked about things like activities they would like to do and meal preferences. We also saw people asserted their views and preferences and were empowered and encouraged to be in control of their lives and activities were personalised for each person

# Summary of findings

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

People received a balanced diet. We saw people could choose what they wanted to eat each day and this was supported by the staff. The cook was very knowledgeable about peoples' diets and their preferences were always available. There was fresh fruit and snacks available so people could help themselves throughout the day.

We saw the provider had policies and procedures for dealing with medicines and these were followed by staff. Medicines were securely stored and there were checks and safeguards in place to make sure people received the correct treatment.

There was a complaints policy at the home which provided people who used the service and their

representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

We discussed the quality assurance systems in place with the registered manager. We were told audits of accidents and incidents were carried out and these were investigated by the registered manager to ensure risks were identified and improvements made. We saw records that showed us this took place. We also saw the views of the people using the service were regularly sought and used to make changes. We found that the provider had very comprehensive systems in place for monitoring the quality of the service. This included monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff which were used to critically review the home. We found that the manager produced action plans, which clearly showed when action had been taken.

# 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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

There were arrangements in place to ensure people received medication in a safe way. There were also procedures in place to respond to emergencies.

Good



### Is the service effective?

The service was effective.

Staff received training and development, formal and informal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good



### Is the service caring?

The service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Throughout the visit, staff were constantly engaging people in conversations and these were tailored to individual's preferences.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were very knowledgeable about people's support needs and their ways of communication.

Outstanding



### Is the service responsive?

The service was responsive.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Good



# Summary of findings

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure that was written in a clear format which made it easily understandable to everyone who lived at the home.

## Is the service well-led?

The service was well led.

The home had a registered manager who understood the responsibilities of their role.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

**Good**



# Orchard House

## Detailed findings

### Background to this inspection

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

The inspection took place on 7 and 8 January 2015 and was carried out by one adult social care inspector and was unannounced.

The provider was asked to complete a provider information return (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.

Before this inspection we reviewed notifications that we had received from the service. We also met with the local authority safeguarding team and commissioners on 18 November 2014 where no issues of concern were raised about this service.

We spoke with one person who lived at Orchard House, two staff, the registered manager, deputy manager and the cook. We did this to gain their views of the service provided.

We looked at the personal care and treatment records of three people who used the service and observed how people were being supported. We looked at four staff training records and three staff recruitment files.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked around the home including (with people's permission) bedrooms, bathrooms and the communal areas.

# Is the service safe?

## Our findings

When asked about how they felt about the home one person told us, "I'm safe and I know who to talk to if I wasn't thank you."

The registered manager told us about how peoples' rights were protected and respected at the home. The registered manager told us a 'Record of Discussion' document could be used at the home by people who wanted to speak with the registered manager and have their discussion, and any decisions made, written and formally recorded. The registered manager told us this was very important for some people at the home. This showed people were empowered to express their views and their rights were protected at the home.

We reviewed peoples' records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Individual risk assessment plans were included in care plans for people where appropriate.

The registered manager reviewed any incidents and accidents. We were told by the registered manager they would complete an investigation of every accident and incident and the outcome of this would be recorded. We saw records of when these investigations had taken place.

The registered manager told us the service supported people who challenged the provider or others whilst respecting their human rights and diversity. Where incidents were likely to take place there were detailed plans in place which described the steps staff were to take to reduce the likelihood and impact of an incident. This included how incidents were to be avoided, likely triggers and specific actions that staff should take. For example, staff at the home responded using positive body language and specific language and phrases to help support people and reassure them when they were stressed or upset.

The registered manager told us that the service placed emphasis on making sure people's needs and wishes were understood by staff and people were not placed in situations which distressed them. This helped reduce the likelihood of an incident occurring and helped prevent discrimination that may have led to psychological harm. Where incidents had occurred these were always investigated to check that the individual approaches and

the providers policy had been followed. One staff member said, "People can become so upset it really puts them out of sorts for days. It's much better if we can avoid that in the first place."

The registered manager told us there was a safeguarding policy in place and that staff received training in this area. This was to make sure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. They told us they would raise concerns with the registered manager, or the general manager but always to 'tell someone' and 'make sure people were safe.' We were shown that staff had the telephone number for the local safeguarding authority which was displayed in a prominent area in the staff areas and registered manager's office. We saw the provider had a whistleblowing policy and staff told us they 'had loads of training' in these areas. The procedures in place helped ensure service users were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required.

We saw records that showed us a process was in place to ensure safe recruitment checks were carried out before a new staff started to work at the home. We asked the registered manager to describe the recruitment process. He told us that prior to being employed by the service potential employees were required to attend an interview and satisfactory references and disclosure and barring checks obtained. We saw records that showed us this had taken place for all recently appointed staff. This helped to make sure that all personnel appointed to work at the home had the right experience, knowledge and qualities and were suitable to work with vulnerable people.

We saw each person who lived at the home had an 'evacuation plan' which provided staff with guidance on the support people required in the event of a fire. Staff outlined to us what they needed to do in the event of a fire or medical emergency. The staff we spoke with confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. In these ways the provider could demonstrate how they responded to emergencies keeping people safe from harm.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service. The records

## Is the service safe?

we reviewed such as the rotas confirmed this was case. Three or four care staff were on duty during the day and two staff on duty overnight. We saw that there were sufficient staff to provide catering and domestic cover. We found information about people's needs had been used to determine how many staff were needed to support them. The registered manager told us that if people's needs changed and more support was needed the number of staff would be increased straight away. The rotas we reviewed showed there was this flexibility in providing additional staff depending on peoples' needs and commitments. We spoke with staff about staffing levels who confirmed this took place and were able to describe a situation where additional staff had been provided to meet the changing needs of one person. During the inspection we saw staff responded promptly to people if they required support or assistance. Staff had time to sit and chat with people. None of the staff we spoke with expressed concerns regarding the number of staff available to support people. And we saw records that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people's needs. This included arranging staff cover in the case of planned leave.

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We found that

information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they should be applied. We saw there were regular management audits to monitor safe practices. We saw there was written guidance which assisted staff to make sure medicines were given appropriately and in a consistent way.

There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free. We saw the home had procedures and clear guidelines about managing infection control and staff confirmed they had a good knowledge about infection control and its associated policies and procedures. There was an infection control lead and champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.



# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. Staff were clear about what action they needed to take to ensure the requirements of the MCA were followed. Staff we spoke with were able to tell us whether anyone at the home was subject to a DoLS authorisation.

The registered manager told us that some people had DoLS authorisations in place and they had worked with the local authority to ensure that they were appropriate and had been considered in peoples' best interests. We saw records which confirmed this was the case.

We looked at care plan records and saw these were written in ways which helped people to understand and take part in them. For example, some parts of the care plans were written with photographs and drawings. Care plans showed the opportunities people had and the choices they made. All of these measures showed that people were treated with respect and involved in making decisions about their care.

We observed the care and support given to people over lunch. We saw that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to whether people preferred be in the dining room, the kitchen or the lounge. During the meal the atmosphere was calm and staff were alert to people who became distracted or needed support while eating.

People were offered choices in the meal and staff knew people's personal likes and dislikes. The cook showed detailed knowledge of peoples' dietary requirements and their likes and dislikes. And an extensive choice of menu was available. The cook told us, "We have at least two

choices at each mealtime but we can cook anything at any time. We know the meals that people like to eat and try to give healthier options when we can. If everyone wants a different meal then we can do that too." We looked at records which demonstrated the choice and variety of meals people had enjoyed at the home. We saw the quality of the food was good. All the people we observed enjoyed eating the food and very little was left on plates.

People also had the opportunity to eat at other times. We observed people having their breakfast later in the morning and the cook preparing food for snacks throughout the afternoon.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. Staff confirmed this was the case and told us about instances when they had asked the GP to refer people to a dietician.

We viewed two care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw peoples' care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure their needs were met. We saw people had regular access to community healthcare such as dentists, chiropodists and other primary health care professionals.

The registered manager and staff demonstrated an in-depth knowledge and understanding of the risks associated to people with a learning disability and autism. We saw that relevant referrals had been made to specialists such as psychiatrists or community nursing staff when required so that people could receive the support and care they needed.

We saw staff communicating well with people, understanding the gestures and body language people used and responded appropriately. For example, the registered manager and staff knew when people were communicating, by their gestures and body language, if they were upset or anxious, and understood the best way to support people at such times. We observed this take place during our inspection. We saw communication plans were in place and speech therapy involvement had been sought in order to support people with their communication.

## Is the service effective?

The manager told us the provider had its own training department which supported staff to gain the skills and knowledge they needed to meet the needs of people who used the service. Records showed there was an extensive programme of induction and specialised training for all staff to prepare them for their work at the home. Training included 'Common Induction Standards' with courses in 'Autism Awareness', 'Communicating with people with Autism Spectrum Conditions', 'Sign Language', 'First Aid', 'Manual / People Handling', 'Food Hygiene', 'Fire Safety' and 'An Introduction to Behaviour'.

We looked at records which showed all staff working at Orchard House had received relevant training which included National Vocational Qualifications (NVQ) in care and promoting independence. Staff commented positively about this training. One member of staff told us, "Staff get lots of training with ESPA. But it's not just the usual stuff, it also includes the autism courses and Studio 3 (training to support people who have behaviour which challenges staff) that you can put in practice and makes a real difference to the job."

The registered manager told us staff were supported to achieve relevant qualifications and access training to

provide 'continuous professional development' including courses such as, Diploma in Health and Social Care Level 4, Level 4 in Management, Accredited Behaviour Training and Autism Spectrum Conditions Training.

We talked to staff who told us they had regular one to one supervisions and the manager or senior staff spent time working alongside them to check and support their practice. They also told us about a yearly appraisal where their work was discussed in depth and support offered if there were any concerns. We looked at staff records which confirmed these meetings took place.

The home had been tastefully furnished and adapted to meet the needs of people using the service. This included the creation of spacious corridors, a kitchen and bright airy dining and living rooms. The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. The registered manager told us people who used the service could spend their time either alone or together with other service users as was their choice. One bedroom had been specifically developed for people who needed to have more independence and privacy.



# Is the service caring?

## Our findings

The people we spoke with said they were extremely happy with the care and support provided at the home. They told us, “Yes I’m happy.”

On the day of the inspection we found there was a calm and relaxed atmosphere in the home. Throughout the day we saw staff interacting with people in a very caring and professional way. The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people at the home very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people’s care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people easily understood. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely understanding of people’s needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We spoke with the registered manager who gave examples of how they respected people’s choices, privacy and dignity. When we visited the home we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. Relationships between people and with carers were relaxed, friendly and informal which helped people to feel comfortable. People appeared to be relaxed and happy with the support provided by staff. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part

of their role. Staff who told us they treated people’s rooms as their personal spaces. We saw that staff knocked on people’s bedroom doors and waited to be invited in before opening the door. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect and which valued each person.

People were given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. We saw staff encouraged people to give their views and supported people to make choices and decisions. People were asked about things like activities they would like to do and meal preferences. We also saw people asserted their views and preferences and were empowered and encouraged to be in control of their lives. For example, people who lived at the home took part in a wide range of social and leisure activities. Staff also told us they encouraged people to take part in many varied opportunities to develop their skills and independence and they used their knowledge of each individual to determine whether or not an activity was acceptable. One staff we spoke with said, “One person might be full of energy, being young and fit, they just want to be out walking in the fresh air every day. Another person may not like the rain on their face or the cold weather so we make sure we can provide these activities so they’re both happy.” We saw a member of staff offering to assist a person who wanted to go out shopping. The staff were gentle and encouraging and the person happily agreed to their support.

The registered manager told us the people who lived at Orchard House had capacity to make decisions in some areas of their lives. For more complex issues, the staff had consulted families, care managers, key workers and advocates to make sure decisions made were in the person’s best interests. We looked at records which found people were involved in making decisions at the home. For example, meetings were held twice a year so people could decide where to take their holiday and what different activities they would like to take part in during the summer.

# Is the service responsive?

## Our findings

We spoke with staff, the deputy and the registered manager who told us everyone who lived at the home had a care plan. They described to us in detail how staff at the home made sure people were properly cared for and we looked at how this was written in their care plans.

We looked at the care records of people who used the service to see how peoples' needs were to be met by care staff. The care plans we looked at included people's personal preferences, likes and dislikes. We also found there was a section covering people's life histories and personal statements about their hopes for the future. We found every area of need had very clear descriptions of the actions staff were to take. We saw detailed information had been supplied by other agencies and professionals, such as the psychologist or occupational therapist. This was used to complement the care plans and to guide staff about how to meet people's needs. This meant staff had the information necessary to guide their practice and meet these needs safely.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

Some of the people who lived at this home found it difficult to say what their needs and preferences were. To help others understand their important requirements, preferences and background, each person had a document called 'About Me'. This told staff, in detail, all about each person's needs and preferences, using pictures and photographs.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken

to help reduce the likelihood of accidents. We saw staff had taken action to promote one person's independence and take calculated risks so they could have a more independent lifestyle.

The way care plans were written showed how people were to be supported and there were reviews to see if their needs had changed. These reviews included a meeting which had been attended by relatives, care staff and peoples social workers. We saw each person had a key worker whose role it was to spent time with people to review their plans on a monthly basis. Key worker's played an important role in peoples' lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. There was evidence a great deal of thought, consideration and care had gone into peoples' care plans.

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes.

Activities were personalised for each individual. Each person had a detailed weekly activities plan that had been designed around their needs. For example, some people preferred to take part in several shorter activities throughout the day whilst others preferred one activity. Where necessary additional staff had been provided to enable people to enjoy a range of community facilities and also to support people to attend health care appointments. We also saw that if people participated in activities this was recorded within the care documentation. The staff we spoke with told us people who lived at the home were always asked if they wanted to be involved in activities. They said, "They mightn't be able to say if they enjoyed something or not so we check all the time that people are happy with what they're doing. I know that if someone doesn't want to put their boots on then they don't want to go trekking in the countryside." We also saw people were supported to enjoy holidays of their choice away from Orchard House. This further demonstrated how the service provided personalised care.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made. The complaints

## Is the service responsive?

policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. Staff told us they felt comfortable raising

concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

# Is the service well-led?

## Our findings

During our inspection we saw there was a positive culture within Orchard House that was person-centred. Staff were led by a registered manager who understood the importance of treating people as individuals where people's independence was supported and promoted. For example, our observations showed the registered manager put these principles of care into practice when supporting service users providing a strong role model for staff to follow. We saw a core aim of the service was 'to provide everyone with the highest quality autism specific support and education that is tailored to meet their needs, wishes and expectations. And to make sure everyone 'receives support that is creative, innovative and fully person centred.' We saw how this was put into practice for example everyone had a highly individualised programme of activities and people were encouraged to have individual routines to which the staff provided a consistent response. People at the home were encouraged to be in control at the home and the staff used their skills and knowledge to understand each person's choices and respond appropriately to their needs and wishes.

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a deputy manager and a general manager. We were told the provider had a 'head office' which provided support for the registered manager and staff such as human resources, budgeting and property maintenance. Additional checks and audits of the service were carried out to make sure good standards of care were provided and additional support was always available for the registered manager if this was required.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw he interacted and supported people who lived at Orchard House and spoke with staff. From our conversations with the registered manager it was clear they knew the needs of the people who lived at the home and the atmosphere was relaxed and positive. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs. The registered manager told us there were regular staff meetings. When we visited the home we saw copies of team meeting minutes which

showed this had been thorough and a variety of relevant areas had been discussed. All these measures showed that people were cared for by staff who were supported to deliver care to an appropriate standard.

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what had not and used this to make positive changes. Staff told us that the registered manager was very supportive and accessible. They found that the registered manager was a great support and very fair. Staff told us there was good communication within the team and they worked well together. One staff member told us, "We work together as a team with the manager taking part in the routine of the day and helping to care for everyone."

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication, learning and development for staff. They took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly showed when action had been taken. The provider also completed monthly reviews of the home which were carried out by other managers within the organisation. This combined to ensure strong governance arrangements were in place.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought.

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users were regularly asked for their views in meetings and also by completing service user surveys. We saw the registered manager had

## Is the service well-led?

made improvements to the service as a result of listening to people. For example, one person had said they would like to have a more private room had been supported to do so.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.