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Home Orchard

Inspection report

Palace Farm
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Ratings

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

Overall summary

Home Orchard is registered to provide personal care and accommodation for up to eight young adults who may have a learning disability or an autistic spectrum disorder. The service was also registered to provide personal care to people in their own homes. However, the provider was no longer providing this service and was in the process of deregistering. The service was made up of two separate houses, Sunset Cottage and Palace Farm, which were located on a rural road within a short walk of each other. Sunset Cottage can accommodate five people and at the time of our inspection there were five people living there. Palace Farm can accommodate three people and at the time of our inspection there were two people living there.

This inspection took place on 8 December 2015 and was unannounced. The service was last inspected on 26 November 2013 when we found the regulations we inspected were being met.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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

Palace Farm is located on the grounds of a small working farm. People who lived in both houses were able to visit the farm at any time and take part in animal care. The animals included horses, sheep, chickens, ducks and geese. Also located on the farm was a large vegetable garden and a workshop area which offered woodwork and mechanics.

People benefited from a large number of meaningful activities which met people's individual interests. For example, people took part in horse riding, swimming, cooking, gardening, shopping and cycling. Where people had specific interests the provider had funded staff members to train in these areas in order to better support people take part in their interests. For example, one staff member had been trained in bee keeping and another in archery. On the day of our inspection people were in and out of the houses taking part in various activities. We saw people enjoyed the activities they were involved in.

People's relatives and healthcare professionals were complimentary about the care provided. Comments included "I wouldn't want him living anywhere else", "I'm very happy with it" and "They really look after their residents. It's really really good. They know what they're doing".

Staff treated people with kindness and respect. People enjoyed pleasant and affectionate interactions with staff which demonstrated people felt comfortable in their presence. Staff knew people's preferences and spent time speaking with each person individually whilst using different communication methods. Staff communicated with people using pictures, photographs and Makaton (a language using signs and symbols).

Staff received training that was specifically related to the needs of the people who lived at Home Orchard in order to support them to lead fulfilling lives. Staff told us they felt skilled to meet people's needs and had received regular training. Staff comments included "Staff have enough training, if you want more training you just ask" and "We are offered loads of training".

People were supported by staff who knew them well. Staff knew people's routines, preferences and histories and knew how best to communicate with people.

People's needs had been assessed and support plans had been put in place to meet those needs. Where people's needs had changed, staff had taken action to ensure people received the care they needed.

Where people were not able to make decisions for themselves staff involved people's relatives and appropriate professionals to make sure people received care that was in their best interest. People were supported to be involved in as many decisions as possible and were always asked for their consent and given options. Some people were being deprived of their liberty as they were under constant supervision and were not able to leave the home on their own for their own safety. The registered manager had made the appropriate Deprivation of Liberty Safeguard (DoLS) applications to the local authority and a number of these were still awaiting approval.

There were sufficient staff to meet people's needs. Staff spent time chatting with people individually and helping people to take part in individual and group outings. Staff comments included "There are always enough staff".

People were supported to have enough to eat and drink. Mealtimes were a sociable experience with staff eating alongside people. People were supported to help prepare their meals and could choose what they wanted to eat. People's mealtimes were relaxed and flexible to meet people's activity commitments and routines.

People's relatives were involved in the home and always felt welcome. Relatives told us they could visit the home at any time and could contact staff whenever they wanted. One healthcare professional told us they also felt welcome anytime. They said "I never feel uncomfortable turning up unannounced. I always get a warm welcome". Relatives felt involved in people's care and support and told us they were kept regularly informed.

People were protected against the risks associated with medicines because the provider had appropriate systems in place to manage medicines. Staff had received training and competency evaluations in relation to medicines.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how

Summary of findings

to protect people. For example, where one person's behaviours presented challenges and risks to themselves and others, staff had discussed the behaviours and created a specific plan. This plan included specific routines to follow in order to ensure the best outcome for the person. Staff had sought advice from healthcare professionals such as speech and language therapists, the person's GP and a consultant psychiatrist. This minimised the risk to the person and staff.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to ensure the risk to people was minimised. Premises and equipment were maintained to ensure people were kept safe and there were arrangements in place to deal with foreseeable emergencies.

People were protected by staff who knew how to recognise possible signs of abuse. Staff told us what signs they would look for and the procedures they would follow to report these. Safeguarding contact numbers were accessible to staff and people who lived in Home Orchard were also provided with information for reporting concerns. There was a disability hate crime poster in the kitchen which contained contact information for reporting concerns.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks to ensure they were suitable to work with vulnerable adults.

The two owners of Home Orchard managed the service and one was the registered manager. A third manager had been employed to assist with day to day management. There was an open culture in the service and the management team were available and approachable. Staff members said "They are all really supportive" and "Every single one of the managers is supportive and approachable". One healthcare professional said "The owners are always around and have a good grip and know what's going on".

Relatives told us they felt comfortable speaking with management and felt they would be listened to. They felt confident if they made a complaint this would be dealt with. Relatives said "If I had a complaint there would be no problem with that and they would put it right" and "I would feel comfortable to make a complaint".

There were systems in place to assess, monitor and improve the quality and safety of care. The registered manager and the manager undertook regular spot checks to ensure people's care needs were being met, staff were displaying the home's philosophy of care and documentation was being maintained. The home's philosophy of care was to treat each person as an individual and enhance people's independence and living skills through meaningful activity. Staff and management carried out weekly and monthly audit which looked at the care provided, medicines management, fire safety and the environment.

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.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

Good

Is the service effective?
The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People were supported to have enough to eat and drink. Mealtimes were social experiences and people were involved in the planning, choosing and cooking of their meals where possible.

Good

Is the service caring?
The service was caring.

Relatives were positive about the caring attitude of staff.

People were treated with dignity and respect. Staff used different methods of communication to speak with people.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their routines, preferences and histories well.

Good

Is the service responsive?
The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

Good

Summary of findings

People benefited from personalised and meaningful activities which reflected their interests.

Is the service well-led?
The service was well-led.

Relatives, staff and a healthcare professional spoke highly of the management team and confirmed they were approachable.

Staff worked well as a team to make sure people got what they needed.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the service.

Good

Home Orchard

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 December 2015 and was unannounced. One social care inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection, seven people were using the service. We used a range of different methods to help us understand people's experience. We spoke with two people who used the service, three members of staff, the manager, the registered manager and one visiting healthcare professional. During our inspection people were coming in and out of the home going about their daily lives and taking part in activities. Due to this we did not conduct a short observational framework for inspection (SOFI) but we used the principles of this framework to undertake a number of observations throughout the home. This helped us understand the experiences of people when they were not able to communicate with us.

We looked at two care plans for people who lived in Sunset Cottage and one care plan for a person who lived in Palace Farm. We also looked at medicine records, staff files, audits, policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the registered manager and the manager would listen to their concerns and respond to these. One staff member said "I would feel comfortable raising anything, it would be acted upon immediately". Where safeguarding issues had been raised in the past the provider had taken action, had learned lessons, made changes and had involved people in the process. Staff were encouraged to speak about safeguarding concerns in an open way. People living in Home Orchard were encouraged to report concerns to staff, to the management or to outside agencies. There was a disability hate crime poster in the kitchen of Sunset Cottage which contained relevant contact information for people to use. People had access to a cordless home phone which they were able to use in their bedrooms in private.

People living at Home Orchard required support to take their medicines safely. Staff had undertaken assessments to determine what people could do for themselves in relation to medicines and how they best liked to be supported. Staff had created detailed profiles relating to people's preferred medicine routines. Some people had specific epilepsy guidance in place which gave staff clear direction on how to identify signs people were becoming unwell and how staff should use medicines to respond to these. People's medicines were stored safely and securely. Staff who gave people medicines had completed training to do so. Records of the medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Senior care staff carried out medicine audits every day to ensure people had received their medicines. This meant any issues could be picked up quickly and action could be taken.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people. For example, where one person's behaviours presented challenges and risks to themselves and others. Staff had discussed the behaviours and created a specific plan to manage/prevent this. This plan included specific routines to follow in order to ensure the best outcome for the person. This minimised the risk of incidents and possible harm to the person and others. Staff had sought advice from healthcare professionals such as speech and language therapists, the person's GP and a consultant psychiatrist. A healthcare professional said "They reason and negotiate with him, they work with him. They are really good for dynamic risk assessments, they know how to manage".

Staff had identified risks to people in all areas of their lives and had created personalised risk assessments and plans to minimise these. For example, people had risk assessments for visiting specific places, going out to trips into town or to take part in activities, staying safe whilst travelling and specific behaviours.

There were sufficient staff to meet people's needs. Where some people required one to one care this was provided and there were extra staff members who were called upon when people needed to be supported to take part in specific activities. Staff responded to people's needs and requests in good time and there were sufficient staff to ensure people could take part in activities in the home as well as out in the community safely. One member of staff said "There are always enough staff". At lunchtime there were a number of staff assisting people with their lunch and supporting them with taking part in chores, such as washing up. Staff were not rushed and spent time chatting and laughing with people about the afternoon's activities. People were supported at their own pace.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). People living at Home Orchard were involved in the recruitment of staff and new staff remained under observation until the registered manager was happy with their practice.

Where accidents and incidents had taken place, the manager reviewed staff practice to ensure the risk to people was minimised. For example, one person, who did not have a diagnosis of epilepsy, suffered a seizure. Staff took action to minimise the immediate risks to this person and then consulted with the GP, a neurologist and an epilepsy nurse. Staff developed an epilepsy protocol for this person and carried out day time and night time checks to make sure this person was safe.

Good

Is the service safe?

There were arrangements in place to deal with foreseeable emergencies and each person had a personalised hospital passport document. This was to be taken with them in the event of an emergency hospital visit and detailed their health needs and the support their required. When people were admitted to hospital staff accompanied them and stayed with them to offer support throughout the entire stay if the person's relatives were not present. Both houses had fire extinguishers and clearly signposted fire exits to assist people in the event of a fire.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they felt skilled to meet people's needs and had received regular training. One staff member said "Staff have enough training, if you want more training you just ask". Another staff member said "We are offered loads of training". Staff had undertaken training in areas which included conflict resolution, fire training, first aid, consent, communicating effectively, anxiety, infection control, safeguarding, epilepsy and nutrition. They had also undertaken training specifically relating to the people who lived at the home, such as supporting individuals with learning disabilities, principles of proactive risk taking and awareness of autistic spectrum conditions. Where staff requested further training this was provided where possible. For example, one staff member told us they were not confident in using computers and they had been supported to undertake a computer course. A healthcare professional said "All the staff are really good here. They probably have more training than they need here".

Staff were encouraged to work towards the care certificate. Four members of staff had completed the care certificate and two members of staff were still in the process of completing it as part of their comprehensive induction. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff had received regular supervision. During supervision, staff had the opportunity to sit down in a one-to-one session with their line manager to talk about their job role and discuss any issues. One staff member said "They're really supportive". Another member of staff said "Staff are treated like gold dust, they are amazing to you".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. Staff sought consent from people before supporting them to make decisions about their care. Staff used different communication methods to involve people and to gain their consent. For example, one person had decided they did not want to help in the farm one day. This person had communicated this by coming out of their room wearing their regular clothes instead of their farm clothes. This person did not use verbal speech to communicate their choices but staff used their knowledge about this person, understood their choice and respected this. This person's relative said "They know what he wants through body language", and when discussing the incident above they said "They identified his feelings. He chooses his activities. They encourage choices, they are very good on that".

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. The majority of people had been assessed as not having capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and social and healthcare professionals to make sure people received care that met their needs and was deemed to be in their best interests. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests. For example, one person had been admitted to hospital after complaining of pain. Whilst at the hospital doctors had raised the possibility of an operation. Staff had made contact with the registered manager at the home who had involved the person's relatives in order to discuss a best interest decision.

People's care plans also contained information about advocacy groups which helped people make decisions where needed. People were supported to attend local advocacy groups facilitated by Devon Link-Up and staff received training in advocacy awareness.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered

Good

Is the service effective?

manager had made the appropriate DoLS applications to the local authority. People at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. Where a DoLS had been authorised for a person staff had created an easy read document for the person called "DoLS and you". This document explained the authorisation to the person in a way they could understand. Staff knew the details of this authorisation and how best to support this person.

People were supported to have enough to eat and drink. At lunchtime and breakfast time each person ate a different meal depending on their choices and preferences and people ate at different times to meet their routines. People enjoyed sandwiches, toasted sandwiches, salad and a variety of fruit. The weekly menu was created by each person choosing the meal for a particular day. If people did not want the meal on offer they could choose an alternative. Staff spent time helping each person choose their lunch and help them make it. Staff ate alongside people at the dining table. People enjoyed a sociable mealtime experience with lots of people and staff chatting and laughing whilst eating their food. If people did not want to eat at the dining table they were supported to eat in other, quieter areas.

People ate high quality food. One member of staff said "Everything has to be quality". All meat was bought from a local butcher, vegetables were either grown on the farm itself or bought from a local fruit and vegetable shop and all baked goods were made at the home. At the time of our inspection people could choose from a variety of foods grown on the farm, including brussel sprouts, carrots, beetroot, french beans, leaks and raspberries grown on the farm.

People were provided with regular drinks throughout the day and were helped to make their own hot drinks. During lunchtime there was a pitcher of fruit squash on the table and people helped themselves to this. We observed one person making themselves a cup of tea with the support and encouragement of staff. One person's care plan went into great detail about how staff should support this person to make their own cup of tea. The detail included each step the person needed encouragement and help with, such as choosing their preferred mug out of a choice of three, putting the tea bag in the mug and filling the kettle.

People were supported by staff to see healthcare professionals such as GPs, dentists, opticians, epilepsy nurses, speech and language therapists, consultant psychiatrists in learning disabilities and neurologists. On the day of our inspection one person's needs were being reviewed by a senior nurse practitioner who attended the home every week. This healthcare professional said "If there's ever any problem they are straight on the phone. They contact me for opinions and advice and they take it" and "It's really really good. They know what they're doing".

Good

Is the service caring?

Our findings

People were very comfortable with staff and looked happy to see them. People chatted and smiled with staff throughout the day and were physically affectionate. When we asked people if the staff were nice, people answered "Yes". People's relatives spoke highly of the home and the staff and said "The staff are very nice and very competent", "It's a lovely place, it's really caring" and "It's so nice I would like to live there". Relatives had sent compliments to the home relating to their loved one's care. One relative commented, following their loved one spending some time in hospital, "Everybody has been so concerned and caring".

A healthcare professional said "Everyone always looks happy. It's a caring environment" and "The environment is so relaxing and peaceful".

Staff displayed affection for people and a concern for their care and well-being. Staff comments included "The care provided here is the best, we care for the residents", "It's all about the service users", "Everything is person centred" and "Every individual's needs are taken into consideration".

Staff treated people with kindness and respect. Staff cared about people's well-being and went out of their way to make people feel happy and secure. Staff treated people with kindness and respect. Staff cared about people's well-being and went out of their way to make people feel happy and secure. For example, one person had been admitted to hospital and was seriously unwell. Staff had organised for people to take part in a video for the person while they were in hospital, each sending personal messages and filming the horses the person was fond of. The registered manager told us this had helped lift the person's spirits and reminded them they were part of a family at the service. Sadly, this person died. Staff supported other people living at the service to take part in the ceremony and celebrate their friend's life. For example people each wrote their feelings for the person on balloons which they then let go, and planted some of the person's favourite flowers in the garden. The registered manager told us this had really helped people come to terms with the loss of their friend.

Staff demonstrated they knew people well. For example, staff identified one person had looked concerned and had asked them to write their feelings down on paper. The person wrote down three words and staff used these to interpret the person's concerns and take action to make them feel happier.

Staff knew people's life histories, their likes and dislikes. Care plans contained a document entitled "My life". This document contained information about people's childhood, their family, friends and interests. The document was written in an easy read format and contained lots of lovely pictures of the person as a baby, as a child, their parents, loved ones and activities they enjoyed. It was clear people had been involved in creating this document and some people had included pictures they had taken themselves of things they liked. Some comments written by people included "I'm happy at sunset cottage. I am learning to play the drums", "I like my room, it's blue" and "I like my house".

Throughout our inspection we saw staff spending time speaking with people individually in different ways. Staff tailored their communication methods to suit the person they were talking to. For example, staff used pictures and photographs to speak with and offer choices to one person. Staff did not rush people and communicated with people calmly and with humour. People and staff were laughing, joking and lightly teasing throughout the day.

People had personalised their bedrooms as much as they wanted. Rooms had been painted in people's preferred colours and they had posters, bedding and ornaments which reflected their individual preferences. The rest of the houses were decorated in a very homely way. There were beautiful pictures of people throughout the houses as well as art work and pottery they had created decorating the living room and dining room.

People were encouraged to maintain their independence. People's bedrooms had been decorated in a way that helped people be more independent. For example, people had photographs and pictures on their wardrobes and chests of drawers to identify what was inside. This helped people find the clothes they wanted to wear without the help of staff. People had personalised signs on their bedroom doors which stated "No entry. This is (name)'s private space". Each person had a key to their door and we observed staff knocking and asking people for their permission before entering their bedrooms.

Good

Is the service caring?

People were encouraged to take part in chores around the houses and learn skills required for living independently. During the day we saw people helping with washing dishes and vacuuming. We saw photographs of people mowing the lawn, helping on the farm and cooking. One staff member, who was supporting a person to tidy their room, said "It needs to feel like their own home and not a residential home".

Relatives told us they were involved in the home and were always made to feel welcome. One relative said "They seek my opinions and we work together". Another relative said "I could turn up at any time and they would always listen to me". A healthcare professional said "I never feel uncomfortable turning up unannounced. There is always a warm welcome". Relatives felt involved in people's care and support and told us they were kept informed of any changes. Comments included "They contact me all the time and keep me informed".

People were supported to maintain relationships with their loved ones and improve communication. For example, one person was supported to create a document entitled "sensory profile" and "my life book" with their relative, staff and the local community health team. This was done in order to enhance their understanding of their family and how to communicate in a way that improved their relationships with people who were important to them. One member of staff said "We encourage family contact".

Good

Is the service responsive?

Our findings

People's needs had been assessed to ensure they were met. A healthcare professional said "They go out of their way to sort stuff for people". When talking about one person the healthcare professional said "I have seen a massive improvement. He's a different chap".

Staff knew each person's preferences and how to deliver care to ensure their needs were met. Care plans were regularly reviewed and updated to reflect people's changing needs. For example, one person was finding moving between the home and their family home very difficult and this was putting a strain on their family relationships. Staff worked closely with the person and their family to develop strategies to improve this. Strategies included staff meeting the person at their family home when it was time to return and to give them lots of warning. This had made the trips much easier. During our inspection this person was at their family home and we heard staff contacting the person's relatives and working with them to organise for the person to be picked up.

People's care plans were developed by staff members and the people they related to. People were asked to talk about a range of subjects including 'how I feel about my health, my work, my religion, people who are important to me and my hobbies and interests'. People were supported by staff to understand the questions and reply through the use of various communication methods such as pictures, visual clues and Makaton (a language using signs and symbols). Where people were able they also wrote their answers on the document.

Each person's care plan contained a large amount of detail around people's individual routines. Staff told us they spent time familiarising themselves with people's care plans and reviewed them regularly in order to keep up to date with their changing needs. Some people had very specific routines which needed to be followed in order to ensure they felt happy and calm. Staff knew people's routines well and ensured they followed these. For example, one person's care plan detailed their shower routine and how staff were to support that. Staff were to take different actions if the person started washing their shoulders or their legs. Staff were able to tell us about this person's shower routine and the different steps they would take.

Staff responded quickly to each person's care needs. For example, staff had identified one person's toenail was a little inflamed and had reported it during the night. The next day the person was taken to see the doctor and the chiropodist who treated their toe.

Where people's needs had changed staff responded quickly to ensure people received the most appropriate care. For example, one person had suffered a serious deterioration in their condition which involved them losing the majority of their communication skills and developing behaviours that could challenge others. Staff sought help and advice from a number of healthcare professionals and developed support strategies to care for this person. Staff helped this person to redecorate and redesign their room following feedback from professionals and developed new methods of communication with this person. They implemented behaviour support plans and new risk assessments. This person's relative told us staff at the home "really went out of their way" to ensure the person was able to stay at the home and that they were able to care for their needs. Following the input from staff at the home and professionals this person had regained their reading skills and was improving.

People's care plans contained information about their personal histories and interests. Each person had a staff key worker who spent time looking for ways to develop meaningful activities for people and develop their skills. For example, one person had developed an interest in bees. Staff members had been trained to support this person in all aspects of bee keeping. This person was supported to attend a local bee keeping group and the provider had rented a field where the person could keep their own bees and have a bee apiary, also known as a bee yard. During our inspection we saw this person being supported by a member of staff to tend to their bees.

On the day of our inspection people took part in a number of activities, individually and in groups. Two people went shopping for Christmas presents with staff separately, five people went for a bike ride and a number of people took part in horse riding. Where people were not able to physically ride the horses they went for rides in a horse driven carriage. We saw people taking turns riding in the horse driven carriage during the afternoon. People were

Good

Is the service responsive?

laughing and smiling and were enjoying this activity. When one person returned from shopping they discussed enthusiastically with staff what they had bought and expressed how much they had enjoyed their outing.

People enjoyed a variety of activities organised by the service as well as activities in the community. The service had trained a number of staff to deliver specific activities, such as archery, basket making, music, art and cooking. There was a working farm on the premises as well as a vegetable garden, a stable yard, a tea room, an arts room and a workshop. People spent time during the week using the facilities and taking part in entertainment such as gardening, tending to the animals and riding horses. People attended regular local coffee mornings, local 'quiz and chips' evenings and took part in group gym sessions delivered for people with a learning disability. This enabled people to socialise and make friends outside of the home.

People were supported to become independent and work in the community. One person had an interest in trains and staff had arranged for them to work as a volunteer at a local steam railway during the summer months. We saw a number of pictures of this person working at the railway and their relative told us they really enjoyed working with the trains.

Relatives could visit the home at any time and were kept informed about people on a regular basis. One staff member said "We're in contact with families at least once a week". One relative said "They contact me all the time and keep me informed". Relatives told us they were contacted when their loved one needed to attend a medical appointment, were asked whether they wanted to attend and were always contacted following the appointment with a result. Relatives told us they felt listened to and felt comfortable sharing their ideas and views with staff. Staff helped people create a monthly newsletter which was shared with people and their families.

People were protected from the risk of social isolation. For example, one person did not enjoy taking part in group activities and liked spending a lot of time in their bedroom. The registered manager described how staff regularly checked on this person and engaged them in discussions and activities they enjoyed on an individual basis. The registered manager told us in detail how staff communicated with this person in order to make them feel comfortable and relieve any anxiety they may have. This included stating who staff were before knocking on their bedroom door a number of times and speaking in a way that avoided misunderstanding and possible confusion. This person's relative said "They don't crowd him but there is always someone around to make sure he's safe. He is totally at ease with them".

People were encouraged to have their own personal spaces alongside their bedrooms and shared communal areas. For example, one person had their own private garden where they were supported to grow their own willow for basket making and to create their own pond. This person found learning about nature very fulfilling. Another person enjoyed time on their own away from the house so the provider had set up a shed in the garden for this person's personal use. This shed had been adapted into a video shed with heating and lighting. This person chose to watch videos in their shed away from the house when they needed their own space.

Relatives were confident if they made a complaint this would be dealt with. None of the relatives we spoke with had needed to make a complaint. They said "If I had a complaint there would be no problem with that and they would put it right" and "I would feel comfortable to make a complaint". Both houses contained an easy read complaints book for people to use. People had been supported to make complaints and these had been responded to. For example, one person had been supported by staff to write a complaint about music being played too loudly in the house. Staff had taken action and had spoken with the person who had been playing the music. This was recorded in the complaints book.

People and their relatives were encouraged to give feedback. The home actively sought informal feedback from people on a regular basis through complaints books, residents meetings and review meetings. The home also sought formal feedback annually from people by contracting a local advocacy group 'Vocal Advocacy' to support people to complete questionnaires with independent support. A report of results was then created and published in an easy read format on the website and to the houses. The provider also sought feedback from relatives and healthcare professionals through surveys. Comments from relatives on the 2015 survey included "Home Orchard is an outstanding home. It is a great shame that very few homes offer such a fantastic life & quality of care as they do. We are very lucky to have found it" and "I believe it is the perfect environment for him and he is very

Good

Is the service responsive?

happy living there. Thank you for the patience and understanding he is shown." Comments from healthcare professionals on the 2015 survey included "Home Orchard provides a level of care I would be happy to recommend to anyone. They are a beacon of person centred practice" and "An excellent home which I have no hesitation in recommending. I would be more than happy for them to look after my family".

Good

Is the service well-led?

Our findings

Home Orchard had two owners who were both very involved in the running of the home as well as delivering care to people. One of the owners was also the registered manager. A consultant manager had also been employed to assist with the day to day management of the home. Relatives and staff spoke very highly of the management of the home. Comments from staff included "They are all really supportive" and "Every single one of the managers is supportive and approachable". One healthcare professional said "The owners are always around and have a good grip and know what's going on".

There was an open culture in the service and managers were approachable and available. Staff told us they felt comfortable speaking with members of the management team about anything and felt listened to. There were regular staff meetings and monthly staff forums to ensure lines of communication were open within the service.

Staff were encouraged to share their views and ideas about the home and how things could be improved. Staff took part in the home's quality assurance feedback report and were involved in the process of evaluating and planning for improvements based on the feedback. For example, one action to come out of the last report dated November 2015 was for staff members to give the management ideas and suggestions about new activities that could be introduced. The manager felt this would benefit people and also benefit staff who could use their skills and develop new ones.

Staff knew the registered provider's vision and values for the service which revolved around people being supported as individuals to learn life skills through the use of activities and this was reflected in their practice. Staff comments included "It's really fulfilling for people, there is so much choice", "It's all about the service users, everything has to be quality", "Everything is person centred, every individual's needs are taken into consideration", "The residents have a fantastic time" and "Every client is individual, the care provided here is the best". Staff worked well as a team to make sure people got what they needed. Staff comments included "The staff team are brilliant" and "The staff team are amazing".

There were systems in place to assess, monitor and improve the quality and safety of care. The owners were involved in the running of the home and spent time monitoring the care staff were providing. The registered manager and the manager undertook regular spot checks to ensure people's care needs were met and documentation was being well maintained. Where issues were identified, action had been taken. For example, a manager had identified one member of staff was not displaying the values of the home when caring for people. The manager had undertaken a process whereby this staff member was being supported towards improving. This meant staff performance was continually under review so as to ensure people were receiving the best possible care. One senior member of staff said "We are observing staff all the time".

Staff and management carried out weekly and monthly audits which looked at the care provided, medicine management, fire safety and the environment. The local fire department had undertaken an audit at the home and following their feedback changes had been made. A member of staff had been made fire champion and undertook regular audits of the fire procedures at the home. Individual staff members had also been made champions in COSHH (control of substances hazardous to health), first aid and medicines. This meant that staff had received specific training in those areas in order to make sure people the service was following best practice.

The manager wanted to develop and improve the service. They accessed resources to learn about research and current best practice. Staff and the management were in constant contact with healthcare professionals such as the speech and language therapists, GPs, psychiatrists in learning disabilities and nurse practitioners in order to seek advice and best practice. One healthcare professional said "They contact us for our opinion and advice and they take it".

The management had notified the Care Quality Commission of all significant events which had occurred line with their legal responsibilities.