

# Accomplish Group Limited

## Orchard View

### 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?

Outstanding 

# Summary of findings

## Overall summary

### About the service:

Orchard View is a residential care home that was providing accommodation and personal care for up to five younger people, some of whom may have a mental health diagnosis, or may be living with a physical or learning disability. There were five people using the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

People were at the very heart of the service. Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence.

People were treated with dignity and respect in a way that truly valued them as individuals. The registered manager and all staff, whatever their role, were always prepared to go the extra mile to ensure people received the care they needed and lived full and meaningful lives. People's diversity was completely respected, embraced and embedded in practice and staff had an excellent understanding of people's cultural diversity.

The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. As a result, their care was tailored to meet their exact needs.

The staff at Orchard View were committed to making sure people lived fulfilling lives and were highly motivated with a 'can do' approach which meant they were able to achieve positive outcomes for people. Without exception, people spoke positively about their experience of the service and the successes they had been supported to achieve.

It was clear the culture within the service valued the uniqueness of all individuals who lived there. The service used person centred and innovative ways to provide people with the support they needed, based on best practice.

The service took a key role in the local community and was actively involved in building further links. People had expressed a wish to give back to their local community and had been supported to go out litter picking.

The arrangements for social activities, and where appropriate education and work, were inventive and met people's individual needs. People had been supported to gain paid and voluntary work and the provider provided training for people to increase their skills and confidence.

There was a high level of satisfaction with the service and people were well supported to express their views, so improvements could be made. There was strong leadership that put people first and set high expectations for staff.

We found an open ethos with a clear vision and values which were put into practice by staff, who were proud to work for the service and felt valued for their work. A very positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

There were systems in place to make sure the service was safe, with very good staffing levels and highly skilled staff to deliver good quality care.

Risks to people were fully assessed and well managed. People were supported to take positive risks, to make sure they had greater choice and control of their lives. The positive risk-taking approach showed that staff respected people's right for independence and their right to take risks.

People were fully involved and supported to safely recruit staff to work at the service. This ensured that successful applicants had the right values and skills to match the values that were at the heart of the service.

Staff were trained in infection control and the safe administration of medicines. There were robust arrangements in place for the service to make sure that action was taken, and lessons learned when things went wrong, to improve safety across the service.

People's needs, and choices were assessed, and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people.

People were supported to be independent in shopping, preparing and cooking their own meals. Staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

More information is in Detailed Findings below.

Rating at last inspection: Good (report published 21 October 2016)

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring  
Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.  
Details are in our Well-Led findings below.

# Orchard View

## Detailed findings

### Background to this inspection

#### The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Orchard View is a care home without nursing. People in care homes receive accommodation and personal care. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and we needed to be sure that they would be available to assist us with the inspection.

Inspection site visit activity started on 19 June 2019 and ended on 19 June 2019. We spoke with one staff member on 20 June 2019 over the telephone.

#### What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about notifiable events, which the service is required by law to send us. The registered manager had completed a PIR or provider information return. This form asked the registered manager to give us some key information about the service, what the service did well and

improvements they planned to make.

During the inspection we spoke with four people living at the service and contacted two relatives by telephone. We received written feedback from a relative whose family member was due to move to the service. We had discussions with the registered manager, deputy manager and three care and support staff.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We examined two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service. We contacted two health and social care professionals; one responded and shared their views with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the service. One person said, "I always feel safe because of the staff here." A relative commented, "I know the staff have worked hard with [relative], and they have achieved so much but I know [relative] is so safe and happy and I don't want to see any changes to that."
- The staff arranged for all the people using the service to have a training session with one of the providers trainers, on how to report a safeguarding concern. They provided a small buffet lunch to make it more enjoyable for people.
- Staff had completed training about safeguarding people from harm, and they understood signs of abuse and how to report it. One commented, "I know the signs to look for. We have completed all the training."
- Staff understood the service's whistleblowing and safeguarding policies and procedures. This included the providers policy called the custodian of the culture and freedom to speak up info.
- Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People were supported to take positive risks, so they could have control over their lives, for example one person said, "I had a review and it was agreed I was capable of going to the doctors on my own, so staff don't come any more."
- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people needed support to access the local community, staff had instructions to follow on how to support them safely.
- Risk assessments were very detailed. They were reviewed and updated swiftly when any changes were identified or when any incidents occurred.
- Risk assessments addressed people's diverse needs. For example, people's specific needs around their mental health needs.

Staffing and recruitment

- There were sufficient staff to keep people safe. One person said, "There are always staff about and everything is alright. Staff always ask me am I alright."
- We received positive feedback about staffing levels and saw there were enough staff on duty to meet people's needs during the inspection.
- People using the service were encouraged to be involved in the staff recruitment process. They were supported to be part of the interview panel who assessed candidates against a list of qualities people looked for in new staff. This inclusive approach played an important part in ensuring excellent relationships

between people and staff.

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- Staff supported people with their medicines. One person told us, "I self-medicate. I just take my tablets and tick the paperwork of what I've taken. Staff have helped me to do this."
- Medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- People's individual MARs (Medicines Administration Records) were audited monthly by a manager and action taken if any improvements were needed. If people wanted staff to manage all or some of their medicines they signed consent forms, which showed they were involved in the process of safe medicines administration.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

#### Learning lessons when things go wrong

- The provider had instilled robust processes that ensured accidents and incidents were thoroughly investigated and audited. The provider was quick to ensure incidents were reviewed and sought the advice of health care professionals when required.
- Where amendments to support plans or risk assessments were needed, these were addressed quickly to reduce the risk to people's safety. This meant people's ongoing safety was reviewed, to reduce the impact on them or others.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in detailed pre-assessments before receiving support. These focused on their dreams and goals for the future, preferred lifestyles, beliefs, hobbies and interests. One person said, "I was asked what I needed and about my goals. The staff made me feel welcome and I'm so happy I came here."
- A relative whose family member was due to move into the service informed us, "[Name of registered manager] has spent a lot of time with [family member] so far, getting to know them. They go and visit them and work with them."
- There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected. Particular attention was also paid to the compatibility of the people already living at the service.

Staff support: induction, training, skills and experience

- People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "The staff are well trained and skilfully able to meet people's needs and wants."
- Staff completed a wide range of training courses including specialist training that was applicable to their roles. This included training in behaviour management called 'Positive Behaviour Support'. This training focused on positive approaches to behaviour when supporting individuals through a crisis in a sensitive and caring way.
- Staff felt valued and were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training, this was provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet and stay healthy. One person told us, "I am on a diet and watch my weight. The staff talk about it with me."
- People were supported to be independent in shopping, preparing and cooking their own meals. On the day of our visit one person was cooking a curry. A staff member told us, "It's curry night tonight. [Name of person] makes a lovely curry."
- Information was recorded in care plans about the support people required in relation to eating and drinking and whether people had any specific requirements. For example, where people were at risk of weight gain.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and referred to health professionals when required. One person told us, "The opticians I go to every year and I have new glasses."
- A personal trainer visited the service to support people to live a healthier lifestyle. A staff member told us, "The personal trainer has been very helpful. They came to a meeting and gave us good information about healthier lifestyles and tips not to over-eat."
- People had care plans for their healthcare needs and emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.

#### Adapting service, design, decoration to meet people's needs

- The service was suitable and accessible to the people living there. One staff member told us, "[Name of person] was doing so well that it was agreed they should have a kitchen area in their room. It was a step towards their goal of living independently. They were able to sit with the designer and tell them what they wanted and were fully involved." The person was keen to show us their new room, they commented, "I have everything I need, and I can cook up here with staff."
- The provider had a schedule of refurbishment in place and people had been involved in planning how communal areas would be decorated. People's rooms were decorated to their choice and needs.

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and found that at the time of our visit no one was being deprived of their liberties.
- The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People valued their relationships with staff and felt they mattered. They all said they were treated with extreme kindness and compassion. One person commented, "I have been here about three years and I am so happy I can't say. The staff are so kind to me and help me and I just can't believe how lucky I am to be here."
- People and their relatives thought staff, "went the extra mile" and had a 'can do' approach to ensure people were happy, safe and achieved positive outcomes. One relative told us, "We are delighted that [family member] got the place at Orchard View. We were extremely impressed by the home, not only by its facilities but especially its homely atmosphere and the caring and humorous attitude of the staff. Orchard View is like an oasis with it's wonderful friendly, family atmosphere."
- A healthcare professional informed us, "My experience has always been thoroughly positive. In my opinion, the staff group there really work hard to ensure the best outcomes for the people they support."
- Staff told us they loved their work and were committed to making sure people were at the heart of the service. The service had a relaxed atmosphere and we observed warm, kind and caring interactions between people and staff. One written compliment received from a relative read, 'The staff are motivated and always smiling. They give 100% and are always available if anyone needs help. They are always looking for ways to improve the home.'
- People's diversity was totally respected, embraced and embedded in practice and staff had an excellent understanding of people's cultural diversity. For example, one person with specific cultural needs told us staff had been respectful towards them and ensured they were not discriminated against. They had been supported to attend their preferred place of worship and also shop where they could buy culturally appropriate foods and talk with staff in their first language.
- One of the providers main core values was 'Celebrating Uniqueness' and we saw how staff embraced this. For example, one keyworker had purchased a dictionary of a person's first language and staff had learned simple words such as hello, thank you and good night. They also arranged for a TV service in the person's first language to be provided in their bedroom, so they could watch TV dramas from their country of origin and catch up with what was happening in their country.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their care and support and staff had been able to meet people's specific communication needs by using visual aids, foreign language translations and activity planners. A staff member said, "We try hard to make sure people can express their views. We always listen because we want to help people get the most out of life and achieve their goals."

- The service was exceptional at helping people to express their views and opinions. For example, the ethos continually shared with us by staff during our visit was that people's opinions mattered. We saw there were various forums where people could express their views in relation to their care and the planning and running of the service.
- People had a key worker who they sat with monthly to review their support plans. The registered manager held tea and chat meetings with people, so they could talk about any issues. There was also a suggestion box. One suggestion made was for the service to have a particular TV service and we saw this had been agreed and actioned.
- People told us their suggestions about improvements to their care and support had always been listened to and staff made every effort to ensure their views were listened to. For example, the people had made a bucket list of activities that they wanted to complete throughout the year. We saw that people's bucket list included a zoo trip, a visit to a castle, a BBQ, go karting, trip to Alton Towers, London and the sea side.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. At the time of our visit no one was using this service.

#### Respecting and promoting people's privacy, dignity and independence

- An equality approach to supporting people's privacy and dignity and treating them as individuals was embedded in the staff practice. Everyone at Orchard View had contributed into producing a booklet specifically for new starters which contained information about the service and the people who lived there. People had written in it how they wanted to be treated and staff were expected to adhere to this information. Comments in the booklet included, 'knocking on people's doors before entering their room and waiting for a response before entering' and 'support with personal care is completed in a dignified manner, follow the booklet at all times.'
- There was a strong emphasis on supporting people to be as independent as possible and providing just the right amount of support. Staff had successfully supported one person to self-medicate and two other people were being supported to achieve the same outcome. One person enjoyed cooking and visited other services within Accomplish to teach other people cooking skills. This had helped to improve their self-esteem and confidence. They told us, "I've been to other homes to show them how I do it. It seems to go down well."
- People were provided with excellent opportunities to develop their skills and education through work experience. Two people had been supported to gain paid employment and another two people had been supported to gain voluntary employment in the community.
- One person had been successfully supported to move into supported living. This would be taking place in the very near future. They told us, "I've been here about six years now, but I am moving out very soon. My goal is to get a flat of my own. I couldn't have done it without the staff here."
- People were given functional roles at the service to provide them with responsibility and more of an input with the running of the service. For example, one person had taken on the responsibility for the food provision within the service. This gave them more of an input into the running of the service and a sense of responsibility. As part of this role they had completed training in food hygiene.
- People's achievements were celebrated with them, their friends and family. For example, each person had a jar that was accessible to people and staff, so at any time they could put notes in the jar of any achievements made by people. On New Year's Day, after dinner they all took turns to read them out. The registered manager said, "This is a nice way of ending the Year."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider completed a very comprehensive assessment before people went to live at the service and their transition was tailored completely to their needs.
- When someone was first admitted to the service they were provided with a buddy which was someone who was already living at the service. The role of the buddy was to show the person around the service, the local area and talk with them about the activities, the staff and introduce them to the other people living at the service.
- A healthcare professional commented, "The staff are extremely responsive to [person's] needs and will strive to seek the appropriate and necessary means to meet them; whether it be encouraging somebody to be more active in the community (and facilitating that) to acknowledging and respecting a person's wishes or providing practical support. It is all very person centred."
- The service used person centred and innovative ways to provide people with the support they needed, based on best practice. We saw that each person had a very individualised support planning system based upon the most appropriate support model to meet their needs. For example, if someone had an acquired brain injury (ABI), the service followed a model of care in relation to ABI to be able to identify strategies relating to their specific needs. We saw various care planning systems and models of care were being used to suit people's different needs and help them achieve their goals.
- One person was supported to keep in contact with their family who lived abroad, by using technology to maintain contact on a regular basis. The person had difficulties with their short-term memory, so staff made a GAS (goal attainment scoring) goal that helped with memory loss and retaining information relating to their day. Staff encouraged them to fill in a daily diary, recalling events that had happened or places/activities they had been to, enabling them to have better conversations with their family/friends.
- The service took a key role in the local community and was actively involved in building further links. For example, the service worked with another care provider for older people. People from that service were invited to Orchard View every few months for a meal or a buffet, some entertainment and people spent time sitting and chatting. The registered manager informed us, "When people come over they love to see the dog, pigs, chickens, hamster and rabbit. Animal therapy is a big part of Orchard View and we love to share that with these residents. Everyone enjoys when we get together."
- Two people had expressed a wish to give back to their local community. One of them came up with the idea of litter picking up and down the road where Orchard View is based. Once a week they go out litter picking and make the local area tidier. Local neighbours regularly visit the service and commend them on what a good job they are doing.
- One person had the functional role of activity co-ordinator. The role involved them talking with everyone at the service, arranging trips, planning travel arrangements and looking for any concessions. It was this

person who came up with the idea of putting together a bucket list of activities and wrote up a good story for each so that it could be shared with friends and families. The provider asked the person if they would help put together a short video explaining their role and how it impacted on their life. The video was now used as part of training across the company. The registered manager told us this had a huge impact on the person's confidence and had improved their self-esteem.

- The arrangements for social activities, and where appropriate education and work, were inventive and met people's individual needs. For example, one person who had shown an interest in gardening and completing DIY jobs around the service had been supported to attend an interview and successfully be employed as a trainee in the providers estates department. This meant the person had gained confidence, had become more sociable and more independent which led them to successfully step down into supported living.
- Animal therapy was used to help people take on more responsibility and increase their confidence. For example, one person had the functional role of animal care. They had taken on the responsibility of booking vet appointments and taking the lead when the vet visited the service. They ordered animal food and hay and collected it from a local farm. This had a massive impact on the persons self-esteem and confidence and they had built up good relationships with the farmers where they made the purchases. purchased the food.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people had been made available to meet their specific communication needs when needed. For example, staff had sourced and used effectively visual aids, foreign language translations and pictorial activity planners.

#### Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise a complaint if they had any worries or concerns. One relative told us, "I've had a couple of minor issues in the past and I've spoken with [registered manager] who always makes me feel comfortable. I have never seen [family member] so happy and the home should take credit for that."
- People's feedback was valued, and people felt that the management dealt with their concerns in an open, transparent and honest way.
- People were reminded regularly about the complaints procedures and we saw the complaints policy and complaints forms were readily available on a notice board.
- The registered manger told us they were regularly involved in the care of people they supported, and this allowed any potential concerns to be addressed before they developed into complaints. There were processes in place to ensure that all complaints would be dealt with appropriately and we saw this had been used effectively to deal with one complaint received by the service.

#### End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.
- Four people had final wishes in place that had been completed with sensitivity and respect and these included people's preferences relating to protected characteristics; their culture and spiritual needs. These documents were kept live, and changes made as staff got to know people better and were able to find the right time to talk about such a sensitive subject.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was led by an exceptionally motivated registered manager and staff team. Their commitment to providing a service that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion was exceptional.
- People and relatives were very positive about the way the service was managed. A relative said, "In my opinion, the staff at Orchard View are well led by their manager, who imparts her knowledge and passion for the job to other support staff who may be less experienced and knowledgeable. This, in turn, is reflected in the way they support people. The support is definitely tailored to each of the individuals who live there as they all enjoy different activities and have varying degrees of support needs and dependency. I have no concerns whatsoever with the support provided at Orchard View."
- People experienced very positive outcomes because staff completely understood their needs and preferences. One person told us, "I cannot think of anything I'd like them to change. I'm so happy to be here and my life has changed for the better."
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible. Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with others they had worked within and describing it as the best.
- People and staff commented that the registered manager and deputy manager were visible and worked with them. One staff member told us, "The [registered manager] is an excellent role model. They are very knowledgeable and have a lot of experience."
- All the feedback we received about the service was very positive and we were told how valuable the service was to people. One relative told us, "This home just ticks all the boxes and a few more I didn't know I wanted. There is such an easy going, relaxed and calm atmosphere. The balance seems absolutely right."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager ensured that both staff and people using the service were involved in monitoring the quality of the service. For example, all the people living at Orchard View had chosen functional roles and were supported by staff to quality check their chosen areas. One person's functional role was to look after food provision at the service. They were supported to ensure all systems were in place for correct food hygiene procedures such as completing food handling risk assessments and reviewing the cleaning schedules annually. We saw that quality checks were carried out for other areas of the service.



- Systems in place to manage staff performance were very effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place and actions were set for staff at every supervision. If staff needed extra support the registered manager introduced an improvement plan where either the registered manager or the deputy manager could mentor, the staff in the areas they needed extra help.
- The registered manager and deputy manager provided a clear vision for the future and involved staff in the running of the service. Staff told us they had made suggestions which the registered manager had implemented. For example, staff were encouraging healthy eating at the service. A staff member suggested having a 'fruity Friday' (making a fruit smoothie) on a weekly basis. This was now a regular event every Friday.
- Every member of staff was an integral part of an extremely cohesive team, with each staff playing an important role. For example, one staff member was a staff buddy where new staff could go to for guidance. They supported new staff with their induction, health and safety checks, booking training and mentoring them through their Care certificate.
- The provider had embedded five core values in all roles within the organisation. These were quality, celebrating uniqueness, fun, brave and move mountains. All staff were expected to work with these values at the core of everything they did; irrespective of what that role that may be. We found these values had been embedded into staff practice and demonstrated the provider's commitment to ensuring a focus on exceptional practice.
- The registered manager said that having staff with the right values and skills was essential and people using the service were involved in the recruitment process. This was to ensure potential staff matched the values that were at the heart of the service.
- The provider invested in the learning and development of its staff, which benefited people through the maintenance of a stable, motivated and highly skilled staff team. Staff told us this made them feel valued and appreciated.
- The organisation recognised success within the service and organised an internal recognition awards event presented at the annual conferences.
- The provider ensured there were procedures in place to notify CQC of notifiable incidents and events that occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was exceptional communication throughout the service and records showed that regular meetings included house meetings and key worker meetings. The registered manager held tea and chat events for people to have a one to one chat with them if they wanted to. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information and a weekly newsletter shared good practice ideas.
- Staff were motivated and proud of the service. There were consistently high levels of support for people from all equality groups that embraced their uniqueness and diversity, including those from different cultures and religions.
- People had been supported to put together a booklet for people new to the service that included what to expect living at Orchard View. It contained information about the values of the provider, a one-page profile of each person with their permission, and information about safeguarding and advocacy. This was available in a pictorial format for people if they needed it.
- The service had developed strong links with the local community by working with other care providers and inviting people who used those services to Orchard View. People had been supported to litter pick in their local community. In addition, people had been supported to obtain voluntary work at local services making them a valuable part of the local community.



- People were involved as much as possible in the writing of their own support plans. The registered manager told us this gave people more ownership of their life. People were fully involved in the planning and running of the service through regular meetings, 'Your Opinion Counts' groups and quality surveys.

#### Continuous learning and improving care

- The provider was very committed to continually improving the service. Their motivation, and that of the staff team, was to provide exceptional care and support that they would themselves would want to experience. One staff member told us, "I am so proud of what we do. I think we give people a new chance at life."
- The registered manager and the deputy manager both undertook new staff training to ensure they understood what their staff team was learning and encouraged them to adopt new practices to further improve the service. They continually sourced new training to embellish the knowledge and understanding of the whole staff group.
- The provider used an incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.
- The service was working towards achieving a KITE mark accreditation in good autism practice. They had also signed up to STOMP which is a national NHS England campaign aimed at stopping over medication of people with learning disabilities, autism or both.

#### Working in partnership with others

- The service had a track record of being an excellent role model for other services and had shared learning with them for staff and people using the service. Innovative ideas implemented at Orchard View had been shared as best practice with other services, such as the functional roles people had at the service.
- We received written feedback from a relative whose family member was due to move to the service. Their family member was currently in a long stay hospital. The relative had instigated a project with the hospital to develop a community hub which would provide step down as well as crisis care. They commented, ", I took the liberty of asking [registered manager] and [deputy manager] if they would be interested in becoming involved in the planning of this new provision, specially to advise in the selection and training of staff. I want the new provision to be a larger version of Orchard View; where people can move towards independence at their own speed and not on a set time scale."