

Autism Care Wiltshire Limited

Orchid House

Inspection report

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Date of inspection visit:
25 October 2017

Date of publication:
14 December 2017

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

Orchid House is a residential home that is registered to provide accommodation and personal care for up to six adults. The home specialises in meeting the needs of people with an autistic spectrum disorder. The home has five large bedrooms all with en-suite bathrooms and a separate self-contained flat where one person lives. The home is situated close to local amenities which people are supported to access as part of their daily activities.

The inspection took place on 25 October 2017 and was announced. The service 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.

Because of people's complex needs they were unable to tell us verbally about their experiences of living at Orchid House. We therefore contacted relatives who were keen to be involved in the inspection to tell us how wonderful the service was at providing support to their family members. They were fully confident that their family members were safe, well cared for and treated extremely well by the staff team. We heard from a healthcare professional that they felt the service was 'one of the best' and offered 'outstanding care'.

The registered manager (who is also the provider) provided strong leadership and led by example leading to an outstandingly caring and responsive service for people. Relatives spoke in highly positive terms about the way the service was managed and how this had ensured that their family members received high quality care. The registered manager and staff spoke with passion and a real drive to constantly improve the quality of the service in order to meet people's needs. This was reflected in the staff team who felt inspired by the manager to constantly achieve the best outcome for the people in the service.

When staff assessed people to see if the service could meet their needs, an in-depth and thorough transition process took place to ensure that as much information as possible was captured to enable the person to be supported with individual and personalised care. We received feedback that this process had been highly effective and had resulted in people receiving high quality and person-centred care.

We observed that the young people were extremely well supported on the day of the inspection. We also had feedback from family members and a professional about how people were supported by staff that knew them very well. The atmosphere in the service was calm and relaxed and staff clearly understood the needs of the individuals they were supporting. We saw choices were offered and that communication was calm and respectful. Relatives spoke of how caring the staff were and staff felt they were given the time and support to offer people care and kindness on a daily basis. Relatives consistently told us staff treated their family members with respect and supported them in a way that completely preserved their privacy and dignity.

Relatives had confidence in the ability of staff to keep people safe. Staff had received training on safeguarding adults and understood their responsibilities. Risks had been appropriately assessed and control measures in place to minimise the risks. People received their medicines as prescribed. Staff had training and were checked to ensure they continued to be competent when administering medicines.

An effective system was in place to monitor and audit the quality of the service being provided. We saw that records were analysed in detail in order to identify any changes needed for a person's support. Accidents and incidents were investigated thoroughly and 'lessons learnt' were shared with the staff to promote improvement.

Recruitment processes were designed to ensure only suitable staff were selected to work with people. There were sufficient numbers of staff to meet people's needs. New staff were supported with an induction when they commenced work in the service, including shadowing opportunities. Relevant training had been received such as managing medicines, food hygiene, health and safety and first aid.

Staff were supported through formal meetings with their managers but also supported on a day to day basis. An annual appraisal took place yearly. Staff told us that they felt very supported by the manager and that communication was effective.

Staff were aware of their duties under the Mental Capacity Act 2005. They obtained people's consent before carrying out care tasks and followed legal requirements where people did not have the capacity to consent.

Relatives know how to make a complaint if needed but none we spoke with had needed to raise any concerns.

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.

We saw and relatives told us that their family members were kept safe.

Medicines administration training took place with observations to ensure staff competence.

Potential risks were identified, monitored and managed to minimise harm.

Staff received safeguarding training and understood their responsibilities to report concerns.

There were enough staff and checks to ensure they were suitable to work with vulnerable people had taken place.

Is the service effective?

Good ●

The service was effective.

People who used the service received the support they needed on time.

Staff had received a range of training relevant to the needs of people in the service and had regular meetings with their manager to gain support.

People were cared for in line with the principles of the Mental Capacity Act 2005.

People were supported to have a healthy diet and their wellbeing maintained with relevant health checks.

Is the service caring?

Outstanding ☆

The service was very caring.

People had positive and caring relationships with staff that had

been given time to get to know them well.

People's communication methods had been considered in depth to ensure they could maximise communication in accessible and inclusive ways.

People were treated with dignity and respect.

People were assisted to remain part of their family member's lives.

Is the service responsive?

Outstanding 

The service was outstandingly responsive.

The service had thought creatively about what was needed to meet people's needs in a holistic manner.

People's needs had been comprehensively assessed and then developed into highly individual care plans.

The service went the extra mile in providing people with a wide range of activities to prevent social isolation. People's relatives told us they were delighted by the opportunities offered by the service

People's families expressed no concerns or complaints and knew who to contact if they did.

Is the service well-led?

Outstanding 

The service was extremely well-led.

The leadership and management of the service was the foundation of a high quality and effective service resulting in outstanding ratings in Caring and Responsive.

Feedback from all sources was highly complimentary about the ability of the service to support the needs of people with complex autism.

The registered manager was skilled and informed about the area of specialism offered and staff, relatives and professionals spoke highly positively of her.

Auditing and quality assurance processes were in place.

The service worked in partnership with others to achieve positive outcomes for people.

Orchid 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.

This inspection took place on 25 October 2017 and was announced. As the service is for young people, we needed to be sure that some would be at the location on the day of the inspection. We therefore informed the provider we would be visiting the following day. The inspection team consisted of one inspector. Before our inspection we reviewed all the information we held about the service. The provider had submitted a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. We also contacted four health and social care professionals for feedback.

During our inspection we observed how the staff interacted with the young people who lived at the home. Following the inspection we spoke with three young people's relatives over the telephone. We spoke with the provider, nominated individual, one senior and two support staff. Following the inspection we received feedback from a health and social care professional. We looked at three young people's care records as well as other records relating to the management of the home. These included records relating to the management of medicines, accident and incident records, fire safety checks and staff personnel files.

Is the service safe?

Our findings

People living at Orchid House were not able to tell us whether they felt safe living at the home. However, we found the provider had robust measures in place to ensure people were safe. We saw through people's body language and facial expressions, that they were comfortable with the staff and built strong, trusting relationships with the staff in the home.

Relatives of the young people who lived at the home were sure that their family members were completely safe. One relative said, "A safe place, no concerns whatsoever. They know (name) well and monitor her safely." Another relative said, "I feel really relieved, it's really worrying with a (relative) like (name). They can't tell you if someone is not being nice to them. It's sheer relief, not having to worry about that every day. I've got confidence; it's a nice home, kept in good condition." A health care professional told us, "I feel that the service is safe, I am aware that all staff have regular training, including epilepsy management, which I provide."

Staff were given time to get to know each person really well, which enhanced their ability to keep each person safe. Staff told us they had received safeguarding training, which included regular refresher courses. They demonstrated that they knew how to keep people as safe as possible, but without overly restricting what each young person wanted to achieve. For example, in aspects of daily activities there was guidance on what the person could do with support to keep them safe such as making drinks, snacks and meals and maintaining their environment.

Staff knew how to recognise and report concerns, both internally through the management structure and to external authorities responsible for safeguarding. Staff confirmed that they were actively encouraged to report anything and everything and to challenge others if they felt a person was at risk. They said they were confident to do this and were sure there would be no recriminations. One member of staff told us, "If I witnessed any bad practice I would address this with the person and then report to (manager). I know the importance of reporting concerns to keep people safe." The management closely monitored the staff's daily practice. This meant that any issues could be discussed immediately to increase learning and improve practice.

People had risk assessments in place specific to their individual needs. For example, one person had periods of extreme anxiety linked to new situations, new people and not understanding what was expected. The risk assessment contained in-depth guidance about how anxieties may present, such as the person wanting to escape the situation, hit out or self-harm. The risk management guidance had strategies such as needing to be aware of changes to the person's facial expression and body language and actions to take if the person became agitated. A health care professional told us, "They have robust risk assessments in place for each service user that manage risk whilst also promoting independence and achievements. An example is the use of assistive technology to monitor and manage seizures, alongside appropriate best interest and Deprivation of Liberty Safeguards (DoLS) policies." Risk assessments had also been completed for activities such as walking, using the trampoline or swing, travelling, visits to the park, swimming and using public toilets. The provider and staff said that they were 'taught' and 'trained' by people in the service by what they

were able to accept. This meant staff learnt how to avoid the situations and things that could make the person upset.

Medicines were managed safely and people received their medicines as prescribed. We saw that medicines were stored in a designated locked cupboard. We examined the Medication Administration Record (MAR) and all had photo identification on them. We saw that there were no gaps in the recordings. Medicines were clearly labelled and stored separately to ensure people received their correct medication. Only certain staff had been trained to administer medicines in order to ensure errors were kept to a minimum. We saw that staff's competency to administer medicines was checked regularly. A relative told us, "My (relative) is on hay fever medication. I am confident they manage it properly. I have experience in other homes when it's not been, but I'm confident that it's done properly there and safely." Medicines were audited weekly.

Relatives and staff said they felt staffing levels were sufficient to ensure people received their assessed needs. Due to people's complex needs, no agency staff were used but bank staff were available and some part time staff covered extra hours. We saw that people were well supported on the day of the inspection. A relative told us, "Always felt there is enough staff. The people there have always got a member of staff with them."

We saw a range of pre-employment checks were in place, such as Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with potentially vulnerable adults.

People were protected from the spread of an infection. We saw the home was clean and free from odours. Staff ensured the premises remained clean to minimise infection. Laundry was undertaken in the home and individual residents clothes separated into washes. Staff adhered to food safety standards and ensured the food was kept at appropriate temperatures and prepared safely.

The home was well maintained and in good decorative order. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of firefighting equipment, were completed to promote and maintain safety in the home. COSHH substances were securely locked away in a cupboard. A grab folder contained essential information on people and services in the event of having to evacuate the premises urgently.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions and how the service would continue in the event of these occurring.

Is the service effective?

Our findings

Staff were recruited, trained and supported to ensure they had the right attributes and skills to offer effective care to people. A relative told us, "[Registered manager] takes time to recruit good staff and she knows her job!" The induction period took place over a long period in recognition that people needed to be supported by staff that understood them well and to build up a trusting relationship.

During induction, staff were provided with clear and consistent support from senior staff and management and had opportunities to shadow shifts. Following this, additional support was provided for each new routine needed to be learnt. The induction incorporated the Care Certificate (an identified set of standards that health and social care workers adhere to in their daily working life). Other training such as health and safety, first aid, moving and handling, fire safety and the Mental Capacity Act 2005 was provided. More specialist training relevant to people's needs were delivered. This included sensory processing (an oversensitivity to things in the environment and which may be painful or overwhelming to them), autism awareness, and epilepsy awareness. The epilepsy training was also attended by several parents. Each new member of staff had their competence and confidence rigorously assessed before they were able to support people alone. Relatives told us they were completely confident that staff were trained in topics and to a level that made sure they were able to do their job properly. One relative told us, "Staff are trained brilliantly by good managers."

We heard that the service worked in partnership with other organisations, such as health colleagues, to make sure staff were trained to follow best practice. A health professional told us, "The staff team access regular training provided by myself and others in the learning disability community team. This includes; epilepsy, sign along, intensive interaction and autism training. [Registered manager] herself has a great wealth of knowledge that she shares with the staff team. They are particularly good at supporting people with autism." We saw that the Occupational Therapist and Speech and Language Therapist were also involved in providing assessment and guidance to meet people's sensory needs. Staff told us they were happy with the training that was provided and knew they could request further training if they felt it would benefit them and the people they were supporting.

Staff also told us they felt well supported by the management team. A member of staff said "Brilliant here. When I started I shadowed shifts. I love my job, best job I've had." We were told that management ensured observations were maintained on a day to day basis in order to offer support to staff. This meant that staff were provided with any guidance regarding their practice immediately which aided learning and provided immediate benefits to people being supported. In addition, staff had planned supervision meetings, an annual appraisal and completed a yearly survey. All staff we spoke with said they could talk to the managers at any time.

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. Staff had undertaken training and had a good understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Assessments of each young person's capacity to make decisions had been carried out and recorded. A social care professional commented, "Yes, there is great knowledge on MCA, and it's put into practice daily. People are encouraged to make decisions where they can, and when they can't, best interest decisions made. They are aware of procedures around DoLS and IMCAS and involve wider multi-disciplinary teams when needed."

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager explained all people had a DoLS authorisation in place. This was because everyone required constant supervision to keep them safe and their freedom to leave unsupervised was restricted. Staff were adhering to the conditions on the authorisations that were in place. The ethos of the service was to avoid the need to use physical restraint by anticipating, understanding and responding to any risks that may present.

People's health was optimised as the service ensured relevant health professionals were consulted when needed. For example, we saw that everyone in the service had a hospital passport and we were told that staff would accompany the person to hospital and stay with them during their stay. People also had Health Action Plans containing information such as: people who look after me, health risks, current medication, health discussions with professionals, future appointments, medical tests and results and seizure records. People had annual health checks with their GP. We saw other health professionals such as learning disability nurse were involved in people's care.

Management and staff were aware of people's individual preferences and patterns of eating and drinking. A health care professional commented, "Yes, I have seen service users that have previously had poor diets, leading to other co-morbidities, that are now supported to enjoy healthy and balanced diets. I have seen dramatic and beneficial weight loss alongside still being supported to enjoy and participate in food and not over restricted."

People lived in an environment that ensured they were safe but remained homely. The management had worked creatively to ensure fixtures and furnishings could withstand constant wear and tear without compromising people's safety. Therefore, we saw adaptations to the home such as fixing bespoke padded boards decorated in bright and colourful fabric at areas where a person usually self harmed by banging their head on the wall. These had been made by a relative of the management to ensure they were designed to be attractive and functional at the same time. We saw curtains and blinds had been specially made with Velcro fittings so that if they were pulled on they would come off easily and be quick to re-attach. This meant staff were not having to intervene as much which had reduced the behaviours. A health professional commented, "The home is perfect for the needs of people with learning disabilities and autism. There is a strong emphasis on this, and where needed, specific adaptations for individuals are made, including the building of two separate annexes."

Is the service caring?

Our findings

All documentation and discussions with staff during the inspection evidenced highly positive and caring relationships with the people cared for. Everyone we spoke with or contacted gave us consistently positive feedback about the staff, their attitude and the way they worked with people who lived at the home. One relative told us, "We've seen a difference in (name). We'd forgotten what it was like to see him smiling and laughing. He's been at Orchid House for months and he's realising it's his home and is happy there, He smiles and laughs and his face is different. As an example we were looking at redoing his passport, but we didn't want to use an old photo, as his face and mouth were sore. He doesn't look like that now, he has a different demeanour, he looks well cared for." Another comment was, "Yes, staff are caring, they're interested in what they do. They seem to really like the young people and accept them. I've witnessed in other places (comments like) "Oh no what are they doing now?" I've not seen that here, I've only seen them accepting them and they know they're there to help them." Another relative said, ""They're getting to know him and they realise they need to. It will take a long time, they're finding out a lot and asked us a lot, and now they're telling us things."

Staff were carefully recruited with the specific needs of people in mind. For example, the registered manager said they would often ask applicants how they would potentially manage situations such as shooing pigeons to reassure a person or how they would feel about sitting in a supermarket for three hours trying to encourage a young person to move. These scenarios would often be helpful in assessing if they had the approach necessary to support people in the service. Once recruited, management continually strived to develop the approach of their staff team so this was sustained. If a staff member started working at the service but it became apparent they were not suited to the role, management took appropriate steps to end their employment. Staff told us this was done sensitively and they valued that management knew how essential it was to have the right staff to continue the positive culture of the service. A health professional told us, "I have always felt that (registered manager) has employed the right staff, caring, engaged and committed, I have no doubt the people they support are well looked after by the staff team."

Staff were given time and opportunities and worked hard to get to know each young person really well. We saw management ensured that people were supported by staff that they were comfortable with. The service understood and respected that some people would not accept certain staff for many months and in line with this, staff were allocated to work with individuals on a daily basis. This was done in order to take into account staff's competency and skill in working with each person. A health professional said staff were consistent, stating, "A low turnover of staff as they employ the right people from the start. I have seen some wonderful relationships between staff and service users."

As most of the people who lived at Orchid House used non-verbal communication, the service had thought of accessible and inclusive methods of communication. Each person's ways of communicating had been recorded and analysed to build an individual picture of how the person communicated their needs. The guidance recorded was comprehensive detailing what gestures and facial expressions may mean and whether Makaton signing was used. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. We saw a person's

communication guidance which included the use of picture exchange cards, a 'Now and Next' schedule, staff photographs and using Makaton signs. Guidance also referred to objects of reference such as shoes meaning the person wanted to go out. There were descriptions of what behaviours meant and how to respond. For example, what a person may do if they are anxious such as rushing and running about, opening cupboard doors or turning on taps. Triggers for this behaviour were listed such as a lack of structure or too many staff swaps. Communication was also assisted by staff knowing people really well and having the time to build relationships and trust. This meant that people's communication methods had been individually considered to ensure they communicate their needs. We saw this had resulted in reducing some behaviours that could challenge, that could be triggered by poor communication and frustration.

We also saw guidance about how to know if a person was unwell or in pain. It stated that staff needed to know the signs of what being well looked like for each person. This included the person being calm and relaxed, smiling, making eye contact and also what not being well looked like and how the person may point to a picture of a nurse or doctor. They may also ask for their pyjamas earlier. We asked staff what they thought was important when supporting people. They were clear about how crucial it was to get to know each person, details of their support needs and especially how they communicated.

Staff were given clear guidance on how to protect people's dignity and privacy and how to respect people's expression of their needs. Management closely monitored staff practice closely and regularly checked out evidence of whether staff were working in a caring and respectful way and that they genuinely showed concern for people's wellbeing. This was done with day to day observations, through discussions with senior staff, verbal checking and clarification of staff understanding of what they are doing and correcting their approach or understanding there and then. Feedback from families, external professionals and other staff was also listened to as well as monitoring how people responded to staff. A member of staff said, "To show dignity and respect is very important when caring for people; to let people have independence and to treat people how I would like to be treated." Staff recognised that consistency in their approach was also very important. One member of staff told us, "We work well as a team and this is assisted by good management."

Families were active in seeing and checking on their family members and visited regularly. Management kept them updated regularly as appropriate, working closely with families to ensure they were responsive to changing needs for visits, home trips, help with visits and lifts so that people remained part of their families. A relative commented, "Definitely very accommodating, we visit on a Sunday. I also visited by train and [registered manager] came with (relative) to pick me up from the station, and then dropped me off after." Another said, "Seen other family members visiting, with small children and all welcomed there. My other son visits and has been received nicely." Another relative said "I am made most welcome."

We saw that records containing people's personal information were kept in the main office which was locked. This meant people's sensitive information was treated confidentially.

Is the service responsive?

Our findings

People at Orchid House received an outstanding responsive service as each person was supported in a consistently personalised and fully responsive manner. This resulted in people receiving excellent care with detailed guidance for staff to ensure every opportunity was used to gain ongoing knowledge in order to understand people better. Although people were not able to tell us how they had been involved in planning their care and support, we saw and heard from others how this took place. The provider told us that information for care plans was gained from the person themselves by observing what made them happy or distressed and involving others who cared and supported the person.

People's relatives told us they had always been fully involved and that they were appropriately involved in decisions regarding their family member. Management constantly appraised and evaluated what had gone well for people and also when things had been difficult. Once the information had been evaluated action was taken to ensure any amendments needed were made immediately to improve the quality of care.

The service had an excellent transition process for people moving into Orchid House. We saw a detailed and holistic assessment had been carried out before a young person was offered a place at Orchid House. During the transition, as much information as possible was gained from observations and gathering information from all possible sources. To ensure an accurate assessment, we saw the provider had visited the person many times at their existing placement and the person visited Orchid House on a number of occasions. They provided the person with photographs of the house and rooms within it. In total seven visits had taken place before the person moved in. A health professional commented, "I think that transitions are a particular area in which (registered manager) and the team excel. They take their time, offer tea visits, support at home, and a very gradual transition, if that's what works best. They are also very, very supportive of families, especially when they may be finding the move difficult themselves."

Information gained during assessment and transition periods was then developed into care plans including a person's sensory processing needs. Many people with autism have difficulty processing everyday sensory information such as sounds, sights and smells. We saw numerous examples of where the provider had considered people's sensory needs and put into place adaptations to reduce anxieties. One of these was for a young person who had moved into Orchid House. Their complex autism needs had meant their bedroom had to have minimal fixtures and fittings to avoid harm. At night, the young person would not be able to settle and would be awake most of the night. This resulted in them being exhausted the following day often falling asleep when activities were planned. The provider decided to adapt the person's bedroom by building a sleeping pod within their room. This contained only the person's bed and there was a robust half door which was securely fastened each night. This had been decided through a mental capacity assessment, best interest decision and a DoLs application. It was reported that the sleeping pod had been a huge success. The young person was settling well at night and having a good night's sleep resulting in them being more alert and happier in the day.

We saw another assessment and care plan had stated that the person 'liked freedom.' We saw a detailed support plan stating the importance for the person to be kept busy day and night and contained a step by

step guide to the person's day. This was very full and involved lots of outdoor activities. Activities included cycling, walking, swimming, using a touch screen computer, cooking. Their relative commented, "They ask him if he wants to ride his scooter or bike, he goes out every day, and goes swimming twice a week. In his last placement he didn't go swimming once and some days he didn't leave the house."

Management and staff had also discovered this person had a passion for cooking. It was thought this may be that cooking had an end to end process which is often important for people with autism. Therefore, the person was supported to cook often and was involved in the whole process from planning through to the end. They ensured cooking took place at a time when the person could undertake the whole process without interruption. The service had also arranged a subscription for a Good Food magazine which the person really enjoyed getting and looking through. Their relative said, "As well as getting out, cycling, swimming, he likes to do cooking, we didn't know he could do this! He really likes to do it. He also goes shopping for food, for small bits, he takes a picture shopping list as a visual aid and likes to carry his shopping home. He is involved in simple baking, he enjoys mixing it. He's also smashed up biscuits to make a base for cheesecake." This evidenced that the provider had explored the person's interests and found an activity that was hugely enjoyable and therapeutic for the person. To undertake an activity that they were excelling at was enabled by staff working with the person to identify new skills and use these to a positive effect.

Another person who had moved to Orchid House struggled with high temperatures which affected their mood. They therefore fitted an air conditioning unit in their bedroom which had resulted in an improvement in their mood. The service had sought out activities for the person such as snooker in a local pub as this environment was not bright and was quiet which met their sensory needs. This person also struggled with control over their eating. The provider had worked with the person to develop a detailed timetable of snacks and meals throughout the day at specific times. We heard that this had assured the person in knowing when the next snack was due and hear how all staff understood how essential it was to provide this on time. This had resulted in a reduction of the person's anxieties around food and they had become calmer around food as a result.

When another person first moved to Orchid House they had a tendency to continually open and close cupboard doors and pull them right back which could cause breakages. We saw the provider had fixed brackets to withstand the doors being constantly pulled back without damage. A relative told us, "He is quite rough with the cupboard doors; they've protected the walls and doors so that they're not damaged. They go above and beyond in choices. My son has his own food cupboard. They are really tolerant of his obsessions. He likes things to be done in a certain way. He likes to get out all his food and they let him and then gently encourage him to have what he needs, and have other things later."

We saw the provider had arranged bespoke weighted blankets. As there was a long waiting list for these, a relative of the provider had made individual ones where needed specific to the person's body weight. Weighted blankets can help a person with autism to feel more secure and can have a calming effect and this had helped people in the service to feel comforted and more relaxed. A relative told us, "They brought in air conditioning when it became too hot. They also made a bespoke weighted blanket for (name) to help him sleep." We also saw that adaptations were made to clothing if needed. For example, one person could be quite demanding on their clothes. Therefore buttons were secured with a super strong thread or if appropriate, fitted with poppers.

We saw all people in the service enjoyed a range of activities. Some young people were still in education. Each person had a weekly timetable of activities involving sailing, horse riding, dancing, and going to the theatre. People accessed community services such as pubs, clubs, library, swimming pools, garden centres

and shops. During the summer months the service hired a local community centre. This had a park nearby and so picnics could take place and this enabled people to be outside more. Trips to local shops were used to develop skills and therefore some shopping took place each day.

The service had built up relationships with local facilities such as shops. This resulted in an understanding that one of the people would be prone to leave without paying. Discussions took place with the shop owner to explain that the bill would always be paid at some point and the person usually returned to do this! This meant the activity could take place without anxieties from the young person and staff. A local pub had also got to understand people's needs and therefore visits there were more relaxed and enjoyable.

Detailed daily monitoring sheets helped the service to monitor people's well-being, moods, communication and activities the person had been involved in. This enabled the service to learn from things which had not gone to plan and provided debriefs and feedback to staff that had experienced the difficulty. Ongoing reflection helped to assess where progress had been made and what interventions had resulted in a positive impact. For example, we saw notes in a person's care plan stating "We are still learning about (name), but it is clear that she copes well when things are explained calmly to her in a positive light and alternative choices are given to scheduled activities where required."

The home had received numerous compliments from young people's relatives and external professionals. The provider had a complaints policy in place but no complaints had been received. The service was in touch with families regularly and talked to some families three times a day and others daily. The service also acknowledged that most people would not be able to raise concerns in a conventional way. Therefore, the registered manager spoke of the importance of close observation, monitoring and follow up practices as essential to ensure any changes in a person's welfare was observed, recorded and analysed for early intervention. A relative said, "Not had any concerns, if I did I would ring (registered manager) in the first instance, otherwise the social worker or CQC if substantial. I feel confident in (registered manager)."

Is the service well-led?

Our findings

The service had evidenced outstanding practice in areas of the service. We found strong evidence and received overwhelming feedback about how the service was over and above 'Good.' Relatives were assured that their family members were being supported by an organisation that was led by a manager with strong leadership skills and an excellent background and understanding of the needs of people. We had comments from relatives stating, "Whatever they are doing they are doing it well", "They are 100% at everything!" "We just don't have a bad word. Absolutely fantastic" and "Can't fault the managers, (names). I sleep well at night."

The provider had built the service to one that excelled in the area of autism support. The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider was supported by the nominated individual and six senior members of staff who managed the support workers. A nominated individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. The other service owned by the provider had received an outstanding rating at their last inspection and we saw this outstanding level of care was also evident at Orchid House. The provider had achieved this by using every opportunity to improve the service and the environment with the outcome being a service with a positive ethos and culture.

The service worked in partnership with other organisations such as health and education to ensure they were following current practice to provide a high quality service. The tireless commitment of the provider to ensure people got the best possible support and care was evident in the improvements in people's lives. We asked one member of staff what they felt made the service a success and they replied "It's (name of providers)! It's pretty amazing what they have done. They are approachable, dedicated and there is nothing they wouldn't do for (people in the service) and us staff. They work extremely hard." A health professional commented, "Excellent, I have had a few service users over the years that have ended up moving into the care of Autism Wiltshire, I have seen their health, wellbeing and quality of life really improve, all whilst maintaining and building wonderful working relationships with family. I feel that (provider and nominated individual) make an excellent team. They truly go above and beyond and I for one am always so pleased when someone gets a place with them as I know there will be good outcomes, for that I would say that they are outstanding."

During the inspection we found the vision and values of the provider had been integrated into the culture and staff practice of ensuring people were at the heart of the service. The service recognised the on-going importance of ensuring these practices and values were understood, implemented and communicated to people on a continuous basis. Our findings on the day of the inspection showed evidence that the provider and all staff had a passionate approach to providing high quality care to people. We found the service was open, inclusive and person centred. The provider's strong and motivational leadership had led to high quality teamwork and job satisfaction which then resulted in people receiving care from skilful, enthusiastic

and kind staff. Staff reported feeling very well supported. A member of staff said, "We have a good relationship. I can always go to them. Communication is very good and I always feel listened to." Another member of staff said, "They genuinely care about staff and are adaptable and flexible around work." Another said, "They've gone out for their way for everyone to make this service a success."

Family members were also positive about the management of Orchid House, One said, "(Provider) is definitely a good manager. She is in command and she has a wide knowledge base, I respect her. She has the people's best interests at heart and staff respect her. Feel like the staff are loyal and everyone is on the same sheet."

The provider had an extensive background knowledge of working within care services with people who have learning disabilities, autism and additional needs as well as experience in regulating these services. There was a clear and defined leadership within the team with clear lines of accountability which provided a supportive structure to people, their families and staff. Staff values, attitudes and working practices were continuously monitored and issues addressed as needed. The provider and nominated individual were on hand most of the week and visible to staff.

The provider was constantly seeking ways to stay updated in the autism field and was involved in the local Disability Provider forum to share experiences and get updates on new developments or good practice initiatives in the locality. Some staff had attended conferences about autism to learn more about difficulties experienced by people on the spectrum. Books had been purchased on autism, sensory issues and Intensive interaction approaches. As noted from the health professional comment, this had resulted in the service becoming a specialist in the field of autism and positive outcomes for all supported there. The initiatives the provider had considered and implemented as evidenced in this report, were reflective of their knowledge and skill in working with people with autism. We also noted that staff were supported and encouraged to become skilled in line with best practice which had led to the areas of excellence found on this inspection.

Staff had the opportunity to meet together to discuss the service. A minimum of three staff meetings were held each year. Staff meetings were used as a forum to discuss or refresh information and training and staff were able to add to the agenda of the meeting. New legislation or any significant media reports were also discussed at team meetings. Research was undertaken about specific conditions and diagnosis to increase awareness amongst staff.

The ethos of the service was that people were best placed to show staff how they wished to be supported. This was enabled by the service responding to behaviours by considering what intervention may assist. Staff were trained to understand people's needs and to respond to these correctly and consistently. Managers lead by example to role model correct practice. Open communication was encouraged with staff so they could ask questions and raise concerns. There was on-call support for staff which included the person on call actively contacting the staff to see if any support was needed, including providing immediate guidance where needed on risk management or to support staff.

The provider had developed systems to audit and monitor the service to ensure it was effective and safe. A range of audits had been introduced which had been designed to monitor the quality of the service and to identify areas in which changes were required. These included audits on medicines, care plans, training, health and safety and accidents and incidents. We saw that records were analysed in detail in order to identify any changes needed for a person's support. Accidents and incidents were investigated thoroughly and 'lessons learnt' were shared with the staff to promote improvement. As a result of the audits, the provider and manager had a good overview of the quality of the service and any actions needed to improve quality or safety. A relative told us, "If there are any incidents, [Provider] especially, they carry out debriefs to

find out why, they spend a lot of time on them. They're honest, they will report things if they're not going well, which gets your confidence."

People, their families and other visitors to the home were given opportunities to give their views about the service being provided. A survey was sent out yearly and we saw 100% satisfaction from families on the last survey. Families felt the service communicated effectively with them. A family member said, "We get emails from the (provider) twice a week and she always replies when we email her. They also send updates via text. Then every two to three weeks the keyworker will do a phone call with (relative)." Another said, They also said that staff "Are super quick to inform me of any medical emergencies."

The manager understood their legal responsibilities and ensured that the local authority's safeguarding team and the CQC were notified of incidents that had to be reported and maintained records of these for monitoring purposes. The provider had completed a Provider Information Return (PIR) and sent it to us. We saw that the information provided in the return was similar to what we heard and observed during the inspection.