

Hollybank Trust

Orchard Court

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 Court provides personal care and accommodation for up to eight younger adults over the age of 18 with multiple and profound disabilities in a purpose built fully adapted building on Hollybank campus. At the time of our inspection it was providing this service to seven young adults.

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:

Orchard Court was exceptional at placing people at the heart of the service. The managers and staff of the service had a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could. People were enabled to enjoy extreme and exciting sports and activities with confidence.

The outcomes for people using the service truly reflected the principles and values of Registering the Right Support in the promotion of choice, control, independence and inclusion. Managers constantly looked for ways to improve the service. They had engaged people with very complex needs in decisions and feedback at every opportunity and used excellent communication techniques and resources to include people and respond to any issues that arose.

Relatives we spoke with during our inspection highly praised the service and the impact it was having on people. People were supported by staff who were determined to ensure people could make their own choices. Staff assisted people to make their wishes a reality. One relative said, "[My relative] is having a really, really good quality of life and as much independence as [they] can have."

There was a very positive culture in the service. Staff attributed this to the strong guidance in the service and believed the high levels of positivity in the service stemmed from outstanding leadership. People experienced excellent levels of staff support and interaction to lead fulfilling lives.

The service was exceptionally safe and people were encouraged to live life to the full and enjoy taking supported risks, for example abseiling and sailing.

People were supported by an in-house therapy team to maintain optimum wellbeing, mobility and quality of life. Care plans were outcome focused, extremely detailed, accessible and based on robust assessments of need.

Relatives and professionals told us how people were highly valued, shown great respect and their dignity preserved. People were supported to have the optimum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were exceptionally caring. They all shared the same hopes and aspirations for people to continue to live the lifestyle of their choice. People's voices were of paramount importance in the service.

People experienced life in an outstanding building with excellent facilities and equipment that was tailored to support each individual's complex needs, maximise independence, dignity, privacy, personalisation and social living. The service had a welcoming, homely feel and great care and attention had been taken to ensure each person had a bespoke living environment, which took into account their likes, preferences and sensory needs.

There was clear and consistent working with other professionals who supported people. Staff had promoted people working with other professionals and sought their advice when needed.

Recruitment practices for the service were safe. Staff were supported through an induction, training and supervision. This included the safe management of medicines and safeguarding.

The provider welcomed comments about the service. They had an accessible complaint's process available to people. The service had not received any complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection:

The service was registered with us on 16 May 2018 and this is the first inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services are inspected within 12 months of registration.

Follow up:

We will continue to monitor the service and re-inspect in line with the current rating. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

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

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Orchard Court

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection took place on 14 and 21 May 2019 and was unannounced on the first day and announced on the second day. The inspection was conducted by one inspector.

Service and service type:

Orchard Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Orchard Court is part of Hollybank Trust which is an organisation specialising in providing education, care and support for young people and adults with profound and complex needs. Orchard Court provides this service to adults over the age of 18.

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.

What we did before the inspection:

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

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

During the inspection:

People who used the service used non-verbal communication methods. As we were not familiar with their way of communicating we used different methods to help us understand people's experiences. We spent time in the lounge areas and dining rooms observing the care and support people received. We spent time looking at three people's care plans and other records. We looked at three records relating to staff recruitment, supervision and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager and the former deputy manager, one senior support worker and two support workers.

After the inspection:

Following our inspection, we spoke with two people's relatives and two community professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their relation was very safe and we saw people smiled and interacted happily with care staff. Staff we spoke with knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.

Assessing risk, safety monitoring and management

- Risks were minimised by detailed risk assessments, with clear directions for staff, and included the positive benefits of the right to take risks. They included taking part in a variety of activities outside the home, use of bed rails and equipment, falls, mobility, nutrition and hydration, choking, safety on transport and specific health conditions. Photographs of the correct use of all equipment was included to support excellent risk management. People had been involved in decisions about risk and their safety, for example whether to use bedrails.
- The premises and equipment was safely managed and maintained to a high standard. One relative said, "The equipment is great. At Orchard Court they have new-fangled hoists. They pay a lot of attention to that. They had ordered a new strap on the wheelchair, as it frayed, before I noticed. They keep up to date." One staff member said, "They do manage risk really well. For example; we take people sailing and take the risk in a safe way."
- Fire safety measures were in place, and staff were aware of the procedure to follow in the event of the need to evacuate the building.
- Staff members we spoke with knew how to support people if they experienced behaviours that may challenge others and how to prevent this from occurring through diversions and proactive person-centred support.

Staffing and recruitment

- The registered provider deployed sufficient staff to enable people to safely lead the life they chose. One relative said, "There are enough staff as far as I'm aware. They had a party after [my relative] moved in and had 10 young people and everyone had a carer with them. Wheelchair dancing and country and western music." A second relative said, "There are enough staff when we are there yes. There is always someone with [my relative]. [My relative] is involved, not isolated in [their] room. We can visit any time but check that they are in."
- Recruitment procedures were safe.

Using medicines safely

- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place. Medicines were stored and administered in line with good practice. Each person had

a detailed medicines care plan including photographs of medicines and details of how people liked to take them, including for 'as required' medicines, such as Paracetamol. All staff had completed regular medicines training and competence assessments.

Preventing and controlling infection

- The service was exceptionally clean, fresh and well maintained. People were protected from the spread of infections by good staff practice and there was a good supply of personal protective equipment available.

Learning lessons when things go wrong

- The registered manager and provider demonstrated learning from incidents and proactive action to embed the prevention of future risks, for example, reviewing medicines errors and implementing clearer lines of responsibility, which reduced the number of errors.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- Physical, mental health and social needs had been assessed and care plans included detailed guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively. Senior staff also completed observations in areas such as gastrostomy and medicines administration. Staff told us they felt very supported by managers and had regular supervision and an annual appraisal.

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

- One relative said, "[My relative] is gastrostomy fed and eats orally as well. All seems balanced and home cooking. All fresh." A second relative said, "Food is good. [Person] has home cooked food and [he/she] loves it." We saw people enjoyed their freshly cooked meals during our inspection and one staff member sang to a person to encourage them to eat well. People's individual dietary and cultural requirements were catered for and healthy eating was promoted. Nutritional needs were carefully monitored by staff and action taken if required.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by an in-house therapy team, including speech and language therapists, physiotherapists and occupational therapists, to maintain optimum wellbeing, mobility and quality of life. One community professional said, "Staff are always keen to make sure our advice and guidance is clearly documented." They told us their advice was always acted on.

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

- One relative said, "The building is absolutely brilliant. I'm happy with Hollybank. I love the grounds, we can take [my relative] in the garden and grounds. The equipment is also good." The purpose-built home was specifically designed for wheelchair users with exceptionally wide doors and corridors and during our visit some people sat near the open doors to the balcony and enjoyed the beautiful view.

Supporting people to live healthier lives, access healthcare services and support

- One relative said, "Very good at accessing the doctor if anything is wrong and ring and let you know." The service was proactive in identifying people's health needs and promoting healthy lifestyles. Records showed

people had good access to health professionals when required to meet their care and treatment needs. The service had good relationships with community health and social work services and we saw the advice of professionals was included in people's care plans and used to achieve best practice and help people to achieve good outcomes.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found DoLS had been applied for where appropriate with no conditions in place. The staff members we spoke with had a good understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted. One staff member said, "For big decisions we have easy read scripts from the speech therapists, which can be adapted. We can also use different props for sensory feedback. If a best interest decision is needed for the young person; for example, for the flu vaccination, the parents might be involved and staff, if they can't choose for themselves."
- We found people had their capacity assessed where required, to determine their ability to provide lawful consent in areas such as consent to the care plan, medical interventions and finances. Whilst families told us they were always consulted where necessary, this was not always recorded on best interest documents. The registered manager sent us evidence this had been completed following our inspection.

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

This is the first inspection for this newly registered service. This key question has been rated as 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

- There was an exceptionally strong and visible person-centred culture, with staff going out of their way to ensure people were treated equally and fairly. One relative said, "Staff are caring. It's like a family. The best thing is it's an age appropriate peer group for [my relative]. The staff are a mixed age group, but quite a lot of younger people and [my relative] loves the banter and age appropriate conversations. Can't fault them, lovely people. Good teams. [My relative] is content and happy. The key worker is brilliant and [my relative] is clean and well dressed." A community professional said, "Staff really care and want to do their best for people."
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and joking between people and staff, with people's faces lighting up when staff entered the room. One staff member said, "I love it. Something I always wanted to do. They have been so supportive. You fall in love with the service users." A second staff member said, "It's lovely. Nice family environment. Everyone is very welcoming." A third staff member said, "I love working here, I love the adults and the work that we do with them."
- The service was excellent at ensuring those with complex needs and communication difficulties were kept fully involved and engaged, demonstrating an excellent approach to equality. This included commissioning bespoke equipment so one person could relax comfortably in the lounge alongside their peers and not be isolated in their bedroom.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. They told us were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.
- The extremely positive approach of the service had a very positive impact on people. People led very busy lives. They had developed confidence to try new activities and had achieved their goals. Staff were genuinely pleased and proud of people's achievements.

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

- The service had worked tirelessly to help each individual explore their goals and preferences through use of bespoke accessible communication tools created by the registered providers on site speech and language therapist team. This had resulted in a clear understanding of people's likes, preferences and goals and then undertaking daily activities of their choice. This demonstrated an excellent approach to ensuring people had a voice.
- People were involved in decisions about their care through exceptional communication support. Staff demonstrated a detailed knowledge of people's individual mannerisms and people's communication

methods, and how to interpret these. One staff member said, "If you show [person] the DVD they will touch or look. With [name] you can tell which one they want." A second staff member said, "We help people to make every day decisions. Use body language. A slow blink could be yes. We show people two bottles of cordials or two sets of clothes." One person's communication care plan read, 'I love singing, listening to music and reading stories. I like to turn the pages myself.' This support was delivered during our inspection. People chose the décor of their bedrooms and communal furniture using visual and tactile aids.

- Each person had an individual exceptionally detailed pain or distress assessment detailing what to look out for and preventive action.

Respecting and promoting people's privacy, dignity and independence

- One relative said, "Definitely caring staff. I think the staff are amazing. Definitely protect privacy and dignity." A second relative said, "When [my relative] comes home they always looks beautiful and extremely well cared for. No complaints on the care front."

- There was plenty of space for people to spend time alone, but people were also able to easily socialise with others.

- Exceptional work had been completed to ensure a smooth transition for each person from school to adult activities and lifestyles in the community and in their own shared adult home. One relative said, "[My relative] has settled really well. They had a managed transition. Been there for tea and sleeps. Lots of feedback from staff at both units. Two [people] moved over together as been together so long. Been extremely sensitive to that and met with manager at the end and managed really well. Room all done for [my relative]. [My relative] knows the people, the carers know [them]. Consistency makes changes easier. It has made an amazing difference. [My relative] is more confident and sociable and settled with everything." Staff and managers were very aware of how relationships and knowledge of each individuals' complex needs, tastes and relationships was paramount to successful transition.

- The service was exceptional at helping people to maintain and develop relationships with their families and friends. Activities took into consideration times with families, to maximise time people spent with their loved ones. The management and staff team created a homely, welcoming social atmosphere. One relative said, "We are welcome to visit anytime. Always very welcome." A second relative said, "Staff are lovely. Always happy, clean spotless home."

- When people became distressed staff stepped in appropriately, making adjustments to the sensory environment or interacting with the person with good effect. Staff were fully aware of people's right to privacy and autonomy.

- Staff and management had an excellent understanding of how to treat people with dignity and respect. They explained how this included ensuring the little things were right every day, such as a person's hairstyle or positioning, demonstrating a high level of detail went into each person's daily care and support.

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. Staff told us for one person, "We load the spoon and [person] will put to their mouth. They can pick up their own drink." Staff support to people had resulted in people achieving greater independence and new skills underpinned by growing confidence in their abilities.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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 ensure people have choice and control and to meet their needs and preferences

- Staff had an in-depth knowledge of the people they supported. Staff were fully familiar with people's likes and preferences including the music they liked to listen to, signs of distress or pain and people's individual communication styles, creating a truly person-centred environment. We observed staff using this detailed knowledge to make people comfortable, have fun and reduce any distress. It was clear staff were extremely dedicated and passionate about people.
- Several recent compliments from community professionals, recorded how impressed they were with the staff's extensive, detailed knowledge of people's needs and how well people were supported.
- Everyone received exceptionally well-planned and co-ordinated person-centred support that was unique to and inclusive for them. For example, one person's eating and drinking plan showed photographs of their specialist equipment and a photograph of them in the correct position to take a drink in bed. This promoted clear guidelines for staff as well as involvement and accessible communication. A second person's care plan detailed how they enjoyed communicating by singing and looking through books. All care plans and risk assessments were easy read with individual photographs for visual learners.
- People had identified their own specific goals and reviewed their achievements with staff and representatives. Person centred plans contained photographs of outcomes that had been achieved, for example attending rebound sessions (which is trampoline therapy supported by physiotherapists). One person received an outstanding achievement award following a long hospital stay and battling successfully to regain their strength and skills.

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.

- There was a strong focus on treating people with equality. Bespoke techniques were used to involve and empower those with communication difficulties to ensure their voices were heard and valued. The service had taken innovative steps, over and above complying with the accessible information standard, deploying their on-site speech and language therapy team to embed communication support throughout the service. We saw people were consulted on every aspect of their lives.
- Assistive technology was embedded in people's every day experience, for example specialised switches to easily control music, the TV and lighting and help to make everyday choices and decisions. The registered provider ensured individualised equipment was in place for each person to enhance independence, choice

and control. For example, one person's exceptionally detailed communication care plan read, "I can use a big mac or head switch to the left of my head.' With a photograph of the equipment in the correct position. Their communication aims were, "To develop yes and no answers. Develop switch use. Practice choosing from increased numbers of symbols." Training in the use of specially adapted switches had been attended on the morning of our inspection at the 'smart flat' on site, used to enable people's communication skills and independence. One relative said, "They involve [my relative] in decisions. [My relative] has a keyworker who's brilliant."

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support focused on them having as many opportunities as possible to gain new skills and experiences and have fun, like other young adults. Staff placed great importance on giving people choice and control. One community professional complimented the staff on the way in which a person had grown in confidence through the transition process to adult services at the home and the excellent opportunities, compassion and progress they experienced. A second person's former school teacher commented how well the transition had gone and how they benefitted from trying activities with staff at the home, such as abseiling, rock climbing, ice skating and sailing.
- Through exceptional care planning people were enabled to lead fulfilling lives. People were enabled to continue their passions and hobbies when they moved to the home, such as going to see aeroplanes at the airport, horse-riding, swimming, music, baking, curling, archery, football and outdoor pursuits. One relative said, "They seem to do loads during the week. Opportunities and experiences parents couldn't do. Doing age related things like pop concerts, teenage experiences, varied activities such as abseiling. I couldn't do that with [them]."
- Staff and managers pushed the boundaries with activities, focusing on ability rather than disability. As well as regularly attending extreme sports and outdoor pursuits, people also regularly attended pop concerts and events. One relative said, "Yes there are enough activities. [My relative] is back sailing at the moment. Uses hydrotherapy pool and one to one music therapy and a lady does aromatherapy massage every two weeks. There is an involvement in day to day stuff, like cooking. [My relative] loves to be involved in that."
- A dedicated therapeutic on-site team enabled people to enjoy sessions of hydrotherapy, rebound therapy and develop independence and communication skills.
- People experienced a sensory garden area where they grew strawberries and lavender and some people enjoyed the sensory stimulation of feeling the compost.

Supporting people to develop and maintain relationships to avoid social isolation

- The registered provider was innovative, and person centred in ensuring people were not isolated by their disability. Staff were exceptionally committed to working with people and helping them maintain relationships that were important to them. Relatives told us they were always welcome to visit and the service regularly took people to visit them. People also used Skype to keep in touch with friends and loved ones and some people had their own electronic tablets. One relative said, "They involve us in decisions as much as they need to. We were very involved in how the room should be. We are very well informed about what's going on."

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints or concerns and no complaints had been received. The management team created an open culture, where complaints and concerns were welcomed and learned from. An accessible and comprehensive complaints procedure was in place. This had been shared with people and their relatives.

End of life care and support

- End of life care was not currently being delivered at the home. Discussions about people's end of life plans and wishes were recorded where people wished to do so. Best interest discussions had also taken place for some people to ensure their wishes and feelings were respected.

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

This is the first inspection for this newly registered service. This key question has been rated as outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The shared vision of a highly successful and inclusive service was driven by exceptional leadership. Staff we spoke with were clear about the organisations core principles of 'Quality of life for life'. One relative said, "Well led, yes. [Name of manager] is great. Very open and welcoming. Made herself accessible. Managed really well. Very professional and also gets the personal stuff as well. Would act on concerns. I've seen them do that on the transition." A second relative said, "Any problems I speak to them. They do act. The manager seems efficient, polite, on the ball. I am happy how it's all run." A community professional said, "Since [name of manager] has taken over there has been a huge change for the better. She is spot on and has put in a lot of hard work."
- The service was continually being developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Records showed staff had listened to people and their relatives, taken actions and very significant outcomes were achieved, for example a successful transition to the home and gaining confidence. These outcomes had improved people's quality of life and developed their aspirations. People were treated by everyone as unique with their own interests and pursuits.
- The managers of the service spoke passionately about their commitment to fully empower people to manage their own lives. The registered manager said their aim was to, "Push people to achieve things above and beyond disability, deliver person centred care, innovative activities and quality standards." We saw during our inspection these aims were being achieved.
- The registered manager made the duty of candour meaningful to people with complex disabilities by creating an accessible easy read apology letter following an incident, and dedicating time with the person, offering any support that may be needed. This was also shared with their relatives. Reflective practice was recorded, and lessons learned were shared with the staff team to prevent future incidents.
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. Staff revelled in people's successes no matter how small, which in turn led to people having increased confidence. Relatives confirmed the increased confidence and self-esteem. One relative said, "It's a good team there. The best thing is I can trust them. I feel happy leaving [my relative] in their care because he/she is content there. He/she is smiling."
- Staff praised their managers for positive high-quality leadership and support. One staff member said, "Since [name of manager] I feel a lot more supported and my knowledge has grown. The door is always

open. They give opportunities to develop staff. They push training."

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

- The management team constantly reviewed the service to optimise people's potential. Good governance was fully embedded into the running of the service. There was a strong focus on continuous improvement. The quality assurance team and managers completed audits and inspections of each service within the group and ensured actions were followed up to drive excellent care.
- One staff member said, "The manager acts on concerns. Firm but fair. Very understanding as well." There was a strong focus on learning from incidents and adverse events. For example, we saw where things had gone wrong the service had analysed this in detail and put in place new measures to help improve the safety of the service. This included effective action following medicine errors.

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

- Leadership and management was of high quality and people who used the service and representatives were fully involved in how the service was run and operated.
- The lives of people were greatly enhanced by staff who were determined to be led by the people and be their partners in care. Staff used symbols, photographs and visual props in house meetings with people using the service', to support communication, involvements and decision making. Respect for people's responses was clear in the records and the actions taken since the meetings, to fulfil people's wishes and choices. Discussions included leaving school and choosing activities, décor and meals, as well as preparing for new people moving into the home. Details of each person's response to agenda items, and what this meant, was recorded to create meaningful feedback from non-verbal individuals. A photo book of activity choices was created to use each day and this changed each month.
- There was a very strong ethos of caring about each individual person shaped by the management team. Staff told us they felt personally cared about and this in turn had led to very positive team working. One staff member said, "I feel supported by the Trust, they thank staff. I feel valued." Staff were involved in the service through regular meetings and a staff forum. A free and confidential staff counselling service was also available. Regular staff meetings were held and staff felt able to contribute ideas or address concerns.
- Family members felt the staff treated them as true partners. Residential Services Advisory Group (RSAG) meetings fully involved family representatives in all aspects of the management of the service and provided a feedback channel to the registered provider.
- People were supported to use local community facilities, such as shops, leisure facilities, horse riding and sailing clubs and sports facilities, to promote good community relationships and promote equality and inclusion. The service also participated in other multi-organisational events, such as a picnic in the park and football fun day and held fairs and events on the campus for relatives and members of the public to attend.

Continuous learning and improving care

- There was a well-developed culture of questioning practice, reflection, learning and improving care services supported by leadership development. Every staff member we spoke with told us about learning from their experiences through reflective practice. Staff reflected on their own practice and their experience of working at Orchard Court, as well as offering feedback to new starters. The management team were keen to learn from new starters experience of working at Orchard Court and staff created reflective case studies on how they were supported. One staff member wrote, 'I had a great mentor to show me the ways of how to do daily challenges in the home, my mentor is the reason I have found my voice.'
- The staff team was high performing with shared goals and values. Staff collaborated and challenged each other to achieve outstanding results and good practice was rewarded. The registered provider recognised

great care, with a carer of the month award. They encouraged staff progression with a 'Leaders of the future' training and development program to inspire excellence.

Working in partnership with others

- Managers were highly committed to working collaboratively with people. It was clear from compliments received from community professionals, the service worked collaboratively and proactively with other services to meet people's needs and drive up the quality of the service.
- The service acted as a role model for other services sharing ideas and best practice. The registered provider hosted the annual Kirklees learning disability outstanding achievements awards ceremony, where people received an award for achievement that is outstanding for the individual.
- Strong partnerships had been developed with other professionals inside and outside the service to achieve people's goals and outcomes, including speech therapy, physiotherapy, occupational therapy, education and transition services.