

Aurora Care and Education Opco Limited

Aurora Orchard Manor

Transition Service

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?

Good 

Summary of findings

Overall summary

Aurora Orchard Manor Transition Service is registered to provide accommodation and personal care for up to 31 young adults with profound physical and learning disabilities and complex needs. The service is provided from a home, which consists of three linked buildings and includes a number of large therapy rooms as well as a hydrotherapy pool and trampoline. The home has wide corridors throughout and plenty of storage space for any equipment that the young people need. Each young person has their own single bedroom in one of three flats. The flats each have a large communal sitting/dining area and kitchen, and bathrooms are shared between two bedrooms. On the day we visited, one of the flats was being completely refurbished so was not in use.

The home has been operating for a number of years, but this was the first inspection since Aurora Care and Education Opco Limited took over as the provider in May 2016.

The inspection visit to this home took place on 27 June 2017 and was unannounced. There were 18 young people living at the home on this date. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 young people who lived at the home showed us and told us that they were very comfortable, truly happy and felt completely safe at Aurora Orchard Manor and in the company of the staff. Several of their relatives were very keen to be involved in the inspection to tell us how exceedingly satisfied they were with the service provided to their young family members. They were fully confident that their family members were safe, well cared for and treated extremely well by the staff team.

Young people's relatives and healthcare professionals were effusive in their praise of the staff. Staff were exceptionally kind, caring and compassionate. They were fully aware of the importance of getting to know each young person as well as possible in order to support them to lead an amazingly full, interesting and fun-filled life. Staff treated all the young people with the utmost respect and supported them in a way that completely preserved their privacy and dignity.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. If a young person lacked the mental capacity to make certain decisions, the staff were clear about their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff always asked for the young person's consent to care and the young people were encouraged to make as many choices as possible in their everyday lives. Advocates visited the home regularly to support young people who wanted an independent person to act on their behalf. The young people were involved in making best interest decisions whenever possible.

The culture of the home was exceptionally open, inclusive and caring. The culture focused strongly on the holistic needs and preferences of each young person and how those needs and preferences could be recognised and met. Fully personalised support plans gave staff detailed guidance on the ways in which each young person preferred to be supported so that consistent care was provided.

Staff received a wide range of training, delivered in creative ways, to ensure they were fully equipped to do their job as well as possible and to maintain the high standards required by the provider and registered manager. Staff felt fully supported by the management team and had numerous opportunities to put forward their views about ways in which the service delivered to the young people could be improved.

Staff demonstrated that they were completely confident to recognise and report if they felt any of the young people were at risk of avoidable harm. They had received training and showed that they were fully aware of their responsibilities to keep people safe. All potential risks to each individual were rigorously assessed. Actions were put in place to minimise the risks without overly restricting what the young person wanted to achieve. Young people had been enabled to do some potentially risky activities such as abseiling and climbing a climbing wall due to the thorough and informed risk assessment process.

There was a high level and good skill mix of staff on duty. This meant that each young person had at least one-to-one support, with additional staff, including a Physiotherapist, Occupational Therapist, Speech and Language Therapist and managers available if required. Thorough pre-employment checks were carried out to ensure that only staff suitable to work in this care home, and with the right ethos and values, were employed.

Personal evacuation plans were very detailed, ensuring staff and the emergency services would know how to support each young person in an emergency. Staff meticulously carried out required checks of the fire safety system and young people were included in fire drills. Staff followed robust prevention and control of infection procedures to make sure any suspected infection was not spread. Security of the grounds had been much improved so that young people were protected from strangers who might have wanted to do them harm.

Young people's nutritional needs were assessed and appropriate, appetizing diets and meals were provided. Staff used each young person's preferred method of communication to ensure the young person had what they wanted to eat and drink. Healthcare needs were fully met by the involvement of a range of healthcare professionals so that the young people were supported to maintain good health. Staff had tirelessly and selflessly, in hospital, in a local hospice and at home, supported one young person who was dying.

Young people who lived at Aurora Orchard Manor were given the widest possible range of activities to choose from, both within the home and in the community. Staff were innovative in finding things for the young people to do in order to make their lives as fun and fulfilling as possible.

The registered manager provided strong leadership and led by example. Everyone involved with the home was given opportunities to comment on the service and an effective system was in place to monitor and audit the quality of the service being provided. Accidents and incidents were investigated thoroughly and 'lessons learnt' were shared with the staff to promote improvement. Complaints were welcomed, listened to, investigated and responses were given within the required timeframe.

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.

The young people were fully protected from avoidable harm by a staff team trained and very confident to recognise and report any concerns. Vigorous staff recruitment procedures ensured that only staff suitable to work at this care home were employed.

High levels of skilled staff were always on duty to ensure that each young person was kept safe and had their needs fully met.

Risks were assessed and managed exceptionally well so that young people were enabled to do risky things safely. Medicines were managed safely and in line with national guidance. Staff meticulously followed prevention and control of infection procedures to ensure the young people were protected from possible infection.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported well so that they had the skills and knowledge to deliver effective care and support to the young people they supported.

Appropriate arrangements were in place so that the young people's rights were protected if they did not have the mental capacity to make important decisions for themselves. Staff supported and encouraged the young people to make choices and decisions about their everyday lives.

Young people's nutritional needs were met by a staff team who supported the young people to choose and eat healthy foods that they enjoyed. Staff involved external healthcare professionals to ensure that each young person was supported to maintain the best possible health.

Is the service caring?

Outstanding ☆

The service was exceedingly caring.

The young people and their families were supported by exceptionally kind and compassionate staff. Staff knew each individual very well, knew what was important to them and made each young person feel that they mattered.

Staff showed they cared very much about the young people they were supporting and about their families. They used an extensive and innovative range of methods to communicate with each individual.

Skilled, empathetic and caring staff always respected people's privacy and dignity and supported the young people to become as independent as possible.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Very thorough, holistic needs assessments were carried out to ensure that the service could fully meet each young person's needs. Support plans in place for each young person were personalised and gave detailed guidance to staff on how the young person preferred their needs to be met.

An exceptionally wide and creative range of activities, outings and events were arranged to suit the young people. Young people were encouraged and supported to develop skills and interests.

Complaints and concerns were welcomed, encouraged and responded to well.

Is the service well-led?

Good ●

The service was well-led.

The service was fully inclusive and empowering of the young people and their families and was managed very well. Everyone involved with the home was encouraged to share their views about ways the service could be improved.

There was a registered manager in place who showed strong leadership and was very supportive of the young people and the staff. The management team were visible, approachable and knew each young person well.

Quality checks and audits were carried out to make sure the service provided was of high quality and that staff consistently followed best practice guidelines.

Aurora Orchard Manor Transition Service

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.'

The inspection visit took place on 27 June 2017 and was unannounced. The inspection visit was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had several areas of expertise, including caring for someone with complex physical and learning disabilities.

Prior to the visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We asked for feedback from commissioners and healthcare professionals who had regular contact with the service.

In December 2016 the registered manager 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. We used some of this information to assist with planning the inspection.

During our visit on 27 June 2017 we observed how the staff interacted with the young people who lived at the home. We spoke with four young people who lived there, with the assistance of their support staff and we spoke with three young people's relatives over the telephone. We spoke with the manager, deputy manager, two therapists, a care manager and five support staff. We looked at two 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. On 11 July 2017 we received additional information about the service from a range of sources, including the

registered manager, young people's families and health and social care professionals.

Is the service safe?

Our findings

The provider had put robust measures in place to ensure that the service provided meant that the young people who lived at Aurora Orchard Manor were exceptionally safe. We saw, through their body language and facial expressions, that the young people felt entirely safe and comfortable with the staff. They had built strong, trusting relationships with the staff in the home. This trust continued to situations where the young person could have potentially felt unsafe, such as being wheeled around to join in a game of skittles, being transferred with the use of a hoist or being assisted with personal care.

Relatives of the young people who lived at the home were sure that their family members were completely safe. One relative said, "I wouldn't leave [name] here if I felt they were not safe." Another relative had felt their family member was so safe that they were able to take up a job opportunity abroad for six months. This relative had written, "I know I would not be able to do this if it wasn't for the fact that [name] is safe and happy at [Aurora] Orchard Manor, and receiving excellent care and attention."

The provider had very good systems in place to keep young people safe from avoidable harm. Staff were given time to get to know each young person really well, which enhanced their ability to keep each young person safe. They told us they had received safeguarding training, which included regular refresher courses. They demonstrated that they knew how to keep the young people as safe as possible, but without overly restricting what each young person wanted to achieve. They 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 young 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, "I have a voice and if I see something not right I will report it." There were posters around the home, some in pictures and easy-to-read format, which gave the young people, visitors and staff clear information about how and to whom to report any concerns.

We saw evidence that incidents were very thoroughly investigated, discussed and used as a learning opportunity to try to prevent any further similar incidents. The registered manager sent us information about an incident when a number of small bruises had been noted on a young person's arm. A thorough investigation was carried out and the source of the bruises identified. This was discussed with the local safeguarding team, who decided that as there was no intent to harm, no further action would be taken. The young person's care records, including care plans, risk assessments and health information had all been updated and the issue discussed with the staff team. In addition, moving and handling trainers were asked to include guidance on how to avoid a similar incident in all future training sessions.

The registered manager told us that there was always a high level of management presence in the flats to ensure that safe practice was embedded in everything that the staff did. Safeguarding was a regular agenda item for staff supervisions and team meetings. The manager explained, "This keeps the topic current and encourages staff to share thoughts and good practice." Our records showed that CQC had been notified about any allegations of abuse.

A robust risk assessment process was in place to ensure that each young person was supported as safely as possible in all aspects of their lives. All the usual assessments of areas of potential risk, such as risks relating to developing pressure areas; becoming malnourished or dehydrated; and falling had been carried out. Detailed guidance had been put in place for staff to minimise the risks. For example, for one young person, as well as written instructions, there were photographs showing how a piece of equipment was to be used for that individual. There were also additional precautions described, such as "ensure you are trained and ensure you talk [name] through every step of the process to help [them] understand", to keep the young person as safe and comfortable as possible.

In addition, so that the young people could safely carry out activities they wanted to do, assessments of risk to each individual for each activity had been carried out. In this way, each young person had been enabled to try new things, for example, skiing and pony and trap driving. Young people had attended the Mersea Island outdoor activity festival where they had been given the opportunity to travel on a zip line (sliding down an inclined wire), climb a climbing wall and abseil. A member of staff had visited the location prior to the event and spoken with staff there. This meant that staff had been able to put thorough and informed risk assessments in place for each individual for each of the activities they chose to do. Young people had been enabled to have a go at potentially risky activities whilst remaining as safe as possible.

The registered manager told us that the therapists (Physiotherapist, Occupational Therapist and Speech and Language Therapist employed by the provider) were instrumental in feeding into the risk assessment process, to ensure the most positive outcomes for each young person. Risk assessments had been reviewed every six months or sooner if the young person's needs, and therefore potential risks, had changed. The therapists confirmed that they were supported to keep fully up to date with best practice in all areas of health and safety relating to the young people they provided a service to. This included attending conferences and training as well as networking within their respective professions and reading relevant professional literature. They cascaded this information to the staff team and put innovative safety measures in place for individuals whenever their discussions confirmed that the young person would be helped by the changes.

The staff team worked hard to make sure they kept up to date with any technology that would maximise young people's independence and safety. A room at the home had been designed to house devices that could assist the young people with this. Young people who wanted to were able to try out assistive technology such as environmental control equipment. This included door openers, electronic blinds, remote controlled lights and controls for media technology such as television, CDs and DVDs. When a young person found that the technology was a valuable way to improve their independence and safety, staff supported them to access funding so that they could purchase the equipment. In this way, the young person took great strides towards their goal of moving on to more independent living as they would have equipment which stayed with them and supported them in the community.

Where a young person required additional services to keep them safe and well, these were provided by staff who knew them well and who had been given additional training to support that individual. For example, some of the young people who lived at the home required the use of suction equipment to maintain good chest health. Staff who worked with the young person had received training in suction techniques which that individual preferred and which supported them in the best possible way.

Each young person had a very detailed plan in place in the event they had to be evacuated in an emergency. These Personal Emergency Evacuation Plans (PEEPs) included comprehensive instructions for staff and for the emergency services. There were evacuation procedures for different scenarios such as if the young person was in or out of their wheelchair, at night and so on. All required tests of the fire safety systems in the

home had been carried out and recorded. Fire drills had taken place, with the young people being fully involved so that, in a real emergency, they would be less frightened.

On the day of our inspection visit there was a high level of staff on duty to ensure that the young people were safe and each young person could do whatever they wanted to do. Each young person was supported at least one-to-one, with additional staff for some activities. The registered manager confirmed that they reviewed staffing levels regularly to ensure there were sufficient staff to meet each young person's needs. As well as support workers there were also therapy and skills staff and managers available if needed. A GP wrote, "We feel...that there are enough staff to keep people safe and meet their needs." A relative told us, "Over the years we have gotten to know many of the staff, who seem to stay for quite a long time. That is, there is quite a low turnover, which is unusual for [a care setting]."

Staff told us, and staff personnel files confirmed that a strict recruitment procedure was meticulously followed before new staff were appointed. This included pre-employment checks being carried out, such as references being requested and a criminal records check applied for. An in-depth interview process was undertaken, which included prospective staff members meeting some of the young people who lived at the home. All checks had been satisfactorily returned, verified and signed off by the registered manager before the new staff member was able to start work. This meant that only new staff suitable to work at this care home had been employed.

We checked the way that medicines were managed and found that the young people were being given their medicines safely, as they had been prescribed and in line with national guidance. Medicines were stored safely and staff checked daily that medicines were stored at the right temperature. Staff had completed all required records. This included signing medicine administration record charts to show when medicines had been given, counting all medicines received and listing all medicines to be disposed of. A procedure to enable safe transfer of medicines between the care home and the young person's family home was put in place each time a young person had 'home leave'. The home's policy and procedures included a number of audits and checks so that any errors were not only minimised but found quickly if they had occurred. The registered manager told us, "Even the most minor of medication irregularities is investigated and lessons learnt to prevent a more serious occurrence in the future."

On the day of our inspection visit, staff demonstrated that they managed infection prevention and control well. Staff had suspected that one young person might have had a stomach infection. The day's activities were speedily re-arranged. The young people from the flat in which this young person lived were offered activities within the flat rather than in the skills centre so that any infection would be contained. Young people from the two flats did not mix and staff and visitors were reminded to use hand gel to try and prevent the spread of any infection.

A healthcare professional told us they had been very impressed with recent improvements to the security of the site. They wrote, "There is now much better security around the grounds. There is a locked gate and buzzer system to gain access and a main reception... Before it was very open." All visitors to the home, including those from CQC who were inspecting the home, were asked to sign in at reception and wear an official visitor badge. This meant that the young people who lived at the home were protected from strangers who might want to do them harm.

Is the service effective?

Our findings

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, "[Name of family member] is so complicated: from first hand I can see the staff are well trained."

When new staff started working at the home, they undertook an induction period of a minimum of four weeks. This included a training programme, which mapped to the Care Certificate (an identified set of standards that health and social care workers adhere to in their daily working life), as well as time to shadow experienced staff and get to know each young person really well. Each new staff member's competence and confidence were rigorously assessed before they were able to support the young people alone. The home had a qualification framework in place, which staff were encouraged to progress through. The registered manager told us that this was "key in enhancing staff's practice" and "supports staff morale and enhances the quality of service received by the young people."

The registered manager said that staff were encouraged to contribute to the development of training to promote best practice. They said that "innovative and creative ways of training and developing staff" were used. They fully recognised that members of the staff team would learn differently so tailored training to meet those different needs. The staff team worked in partnership with external organisations to deliver training. This included training a number of the home's own staff to deliver training to other staff. External professionals provided specific training relating to individuals who lived at the home, such as supporting a young person to receive their nutrition via a tube directly into their stomach. The therapists employed by the provider also delivered person-specific training, such as suctioning. This meant that staff were provided with the knowledge and skills to deliver fully personalised care to each young person.

When one young person's family chose for him to die at the home, nurses from a local hospice worked closely with the staff team to reduce their anxieties about facing a situation they had never faced before. They provided training for staff in a new method of non-invasive administration of medicines and supported staff to understand and know how to respond to the young person's changing 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 young people they were supporting. One member of staff said, "Training is always happening. It is always being updated." Another told us they were "just waiting for the paperwork" before starting a nationally recognised qualification in care. On the day we visited the home some staff were involved in a training session. Records showed that almost all staff were completely up to date with all the training the provider considered to be 'mandatory'. Dates had been set for further courses to ensure that all staff had attended every course.

Staff also told us they felt well supported by the management team. They had regular supervision sessions and all felt they could talk to the managers at any time. Staff meetings were held monthly and minutes showed that staff felt able to put forward their ideas to improve the service. Staff said they felt listened to by the management team. Twice a year managers undertook an observation of a wide range of areas of each

staff member's practice. An observation framework had been devised to record these observations. Therapy staff said that each year they completed a professional development plan to set out their aims, both professionally and to support the business, for the coming year. They felt supported by their line managers to achieve their aims.

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. We saw that in their everyday lives young people were supported to make as many of their own decisions as they could. This included deciding what they wanted to eat, what they wanted to wear and what they wanted to do. Staff used a variety of communication methods to make sure they understood each young person's choices. The registered manager said, "Staff recognise that choice and personal autonomy are key in supporting young people to live meaningful and fulfilling lives." Support plans included guidance for staff on how to involve the young person in decisions, based on their individual level of understanding and their preferred methods of communication.

Staff gave us an example of how a medical decision had been made in a young person's best interest. A consultant had suggested an operation to improve the young person's quality of life. A capacity assessment found the young person did not have the capacity to weigh up the consequences of agreeing to the operation. An advocate was appointed who visited the young person many times to find out what the young person wanted. Eventually it became clear that the young person understood what the operation would achieve. They were involved in a best interest meeting and the decision was made to go ahead with the operation. Their quality of life has been vastly improved.

People can only be deprived of their liberty so that they can 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 young person of their liberty were being met. Staff were adhering to the conditions on the authorisations that were in place, which, for one young person, included ensuring that they had access to the local community.

The registered manager explained that applications for DoLS authorisations had been made to the relevant local authorities for everyone who lived at the home. This was because everyone required constant supervision to keep them safe and their freedom to leave unsupervised was restricted.

Each young person was supported to maintain good nutrition and hydration. A speech and language therapist (SaLT) was employed by the service and worked closely with managers and support staff to ensure everything possible was done to improve each young person's eating and drinking experiences. This included advising staff on the best equipment for each young person and the best approaches to use to encourage safe eating and drinking. One young person who was tube fed had indicated that they wanted to try to eat normal food. Staff and the SaLT worked over a long period to carry out assessments to ensure the young person would not choke or aspirate and then introduced tasters of food very slowly and carefully. At lunchtime we saw that young people were supported to make choices about their meal. Staff used each young person's preferred method of communication to ensure the young person had what they wanted to

eat. For some young people this meant they were shown two plates of food to choose from. Another young person was offered a range of finger foods that they could manage independently.

Community dieticians were involved whenever staff had any concerns about a young person in this area of their care. Daily records included a record of meals and fluids consumed by each young person and, where the young person's weight was of concern, the young person was weighed weekly. Staff liaised with the dieticians for advice on recipes for homemade high calorie snacks and supplements. The registered manager said that the catering team attended monthly meetings where feedback from the young people was shared and adjustments to menus were discussed and planned. Special diets were available, including lactose free and gluten free, and cultural needs were adhered to.

The young people were supported to maintain or improve their health. They were referred to external healthcare professionals, to ensure that staff had the advice and guidance they needed to support the young people in the best way possible. For example, at the time of our inspection visit the registered manager was seeking a referral to an external team to support one young person who was new to the service and who had high anxiety needs. A physiotherapist had written to the staff to compliment them on the way they had worked with one young person to maintain a steady weight. This young person's condition meant they could have put on weight, which would have affected their health.

A healthcare professional told us that staff always contacted them appropriately for advice. Another health care professional wrote, "There is very good communication between their staff, the community team and our service. [Staff] will always ring or send a referral if they need me to visit." A GP reported, "We feel the standard of care provided to the [young people] by the staff is very good.... The staff do refer people appropriately and do follow guidance given to them." Relatives were confident that staff quickly recognised when their family members were not well and acted swiftly to gain advice.

Is the service caring?

Our findings

Everyone we spoke with or contacted gave us consistently positive feedback about the staff, their attitude and the way they worked with the young people who lived at the home. We witnessed this on the day we visited and saw that there were extremely positive and caring relationships between the young people and the staff. Young people showed, by their body language, their smiles and their laughter that they were enjoying the company of the staff. One relative told us, "The care staff are lovely. There is always a lovely atmosphere. It is a really nice place and [name] is happy." Another relative said, "I am happy with the way things are going. I am never worried about [name] at all. The staff in the flat are lovely."

One young person, through signing, told us how happy they were at Aurora Orchard Manor. This was reinforced by their wide smile, infectious laugh and the way they looked at and responded to the member of staff supporting them. We saw a lot of laughter and 'cheeky banter' throughout the day, with staff indicating, to us and to the young people that they were enjoying their work and enjoying the young people's company. Commissioners wrote, "People seemed to be happy and 'smiley' whilst going around the home."

Relatives found it hard to find words to adequately express their feelings about the staff. Their comments included, "Staff treat people with tenderness and kindness...they have a sense of fun and they are really interested in what each young person does"; "[Staff] seem to really care. It seems to be from the heart"; and "What is so important is that [name]... is loved and respected for who he is." One relative summed up what they felt with, "What we like most about the staff is that they really love and care about our very special children."

Therapists described the support staff in glowing terms. They said, "They're dedicated, caring and committed. They always prioritise the needs of the young people and have genuinely close relationships with the young people they're working with. They care about what they're doing and are very pro-active."

Staff were given time and opportunities and worked hard to get to know each young person really well. This was seen as essential by the provider who clearly recognised how important even the smallest details were when caring for and supporting young people with such complex and diverse needs. Relatives were grateful for this. One relative said, "Staff really really want to know what makes each person tick. They understand that conversations (with the young person and everyone who knows them) are so important because they want to get to know each young person as well as they can." Another relative told us that staff "are attuned to the individual." They added that they had been to the home many times and seen numerous examples of when staff "put themselves in the person's shoes." They said that staff did seemingly little things for each young person but which were so very important, such as pushing a young woman's hair out of her face because she was not able to do it for herself. The registered manager told us about one young person who preferred not to make eye contact. Staff discreetly made sure we were aware of this when we entered the room the young person was in so that their wishes were respected even by visitors who did not know them.

Healthcare professionals also made very positive comments about staff and their knowledge of each individual. One healthcare professional had written, "I've always found the staff there to be professional,

friendly and to have a really good working relationship with the client who I'm reviewing. In my experience, the staff go the extra mile to support the client to engage in our review meetings, using things like multi-media presentations the client has developed with help from the support staff (i.e. photos, videos, etc.) They also produce very comprehensive person-centred review reports". (Person-centred means putting the person at the centre of planning for their lives). This showed us how well staff knew each young person and how hard they worked to ensure young people were as in control of their lives as they could be.

We asked staff what they thought was important when supporting the young people. They were clear about how crucial it was to get to know each young person, the details of their support needs and especially how they communicated. Staff were also clear that treating young people with respect, preserving young people's privacy and dignity and supporting them to maintain or improve their independence were essential to each young person's well-being. One 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, "The staff are great. We work here in a team approach and we make sure we support each other."

Most of the young people who lived at Aurora Orchard Manor used non-verbal communication. We saw that staff communicated exceptionally well with each individual, using a range of creative methods, which differed according to the young person's needs. These included using sign language including Makaton (a language programme using signs and symbols to help people communicate), speech and showing the young people pictures and objects. Technology, such as computers and communication tablets, was also utilised to enhance communication. Relatives admired staff for the way they communicated with their family member. One relative said, "[The staff] often recount to us little stories about what [name] did or how he reacted to something, and they speak to him in a caring and fun manner." Staff, including the therapists had worked for many months with one young person who was now able to indicate their choices with eye movements when staff held up yes/no cards.

We saw that staff showed great respect towards each young person and remained professional at all times including when they were playing games and having fun with the young people. They were constantly checking that the young person was comfortable and had everything they needed. Personal care was dealt with very discreetly. A relative told us, "The staff are very respectful. [Name] is well looked after and happy." Another young person's relatives said, "When we see [name] in the [Aurora] Orchard Manor environment, we know [they are] well cared for: always clean and well-dressed with a smart haircut." A third relative reported that "personal care is always tended to in a respectful and caring manner." We were told that staff often "went the extra mile" in the way they cared for and supported the young people. For example, one relative said they were so pleased that, "[Name] was still able to come home or go out with us despite his failing health because staff were willing and able to accompany him." A learning assistant from the school, who had supported a young person to transition from children's services to the home over a six month period, had written to thank the staff. They wrote, "Every staff member and young person you support have given me unconditional encouragement and professional support. You all do an amazing job and you've shown me the dedication you all provide these young people."

In spite of it being a rare occurrence, the staff team had shown they had developed exceptional skill in caring for a young person at the end of their life. One young person who had lived at the home died earlier in the year after about nine months on a palliative care pathway. The young person's relatives said, "The last few months of [name's] life were amazing." They told us that a team of staff "had almost self-selected to travel to Peterborough (Hospital) every day to help support [name] and ourselves." Staff continued to provide support during further hospital and hospice admissions, which the relatives said had also supported the nursing staff. They described this as "very humbling team work." They told us, "We are very grateful for

the love, care and respect [Aurora] Orchard Manor [staff] gave to our son during his time of greatest need." Healthcare professionals who had been involved, praised the staff team. One wrote, "The care staff were professional, had a very good relationship with the patient and a very good understanding of the needs of that patient with very limited communication." Another wrote, "Your team's care of [name] has been second to none and your support and compassion to both [name] and his family, right to the end, should be commended."

Relatives of the young person who died told us that the staff's exceptional caring and support extended to them and to the young people who shared a flat with their family member. This support had continued following "the loss of their friend." The family arranged for the young people to attend their son's funeral. They said, "I know this took extraordinary effort on behalf of staff and the young people. Several staff came, despite the distance and it being their day off." The family were also extremely impressed with the way the staff had supported the young people to enable them to understand and come to terms with what was happening. They said, "So often young people with severe learning disabilities are not given opportunities to think about and talk about people who have died." They explained that each young person was supported to choose something from their son's room that meant something to them, to put on his grave.

Visitors were welcomed at any time, but only if the young person they had come to see wanted to see them. Most relatives said they would ring first, but only to ensure the young person was at home. This was due to the frequency of outings and not wanting to interfere with activities they knew their family members enjoyed. One relative told us that staff always treated them very well whenever they visited and communication from the staff was excellent. Another relative told us, "I was made most welcome." They also said that staff "are super quick to inform me of any medical emergencies."

An advocacy service was very active within the home, offering support to any of the young people who needed an independent voice to act on their behalf. When a young person needed to make a major decision, such as for hospital treatment or moving to another home, they were supported by an Independent Mental Capacity Advocate (IMCA) appointed under the MCA. An advocate had supported one young person to complain about something. The young person had received a letter of apology, which the advocate helped them to understand. VoiceAbility (a national disability information and advice service run by and for disabled people) had held meetings at the home and some of the young people had participated. This gave young people the opportunity to learn about self-advocacy.

Is the service responsive?

Our findings

The service provided to each young person by the staff at Aurora Orchard Manor was consistently personalised and fully responsive to each young person's needs. The young people we met were not able to tell us how they had been involved in planning the care and support they wanted. However, we saw that the young people were empowered to make decisions in all aspects of their lives, including how and when they received care and support. Young people's relatives told us they had always been fully involved. They said that staff involved them in every decision about their family member.

Detailed, holistic assessments were carried out before a young person was offered a place at Aurora Orchard Manor. Information was gathered from as many sources as possible, such as the young person themselves, their family, close friends and key professionals involved in their lives including social workers, therapists and education staff. Once the multi-disciplinary team had agreed the young person's needs could be met, the information was used to put together a support plan. We saw that support plans were fully person-centred and included very detailed guidance for staff on how the young person preferred to be supported. The registered manager told us that a commissioner undertaking a monitoring visit had commented positively on the personalisation of the support plans. In their report they wrote, "Support plans are very detailed and give the reader clear guidelines to undertake practically the task at hand as well as understanding how the [young person] likes to be supported."

For example, most of the young people who lived at the home had very complex moving and transferring requirements. These were assessed for each young person by the physiotherapist and occupational therapist and details recorded in the young person's support plan. We saw that these assessments included the equipment and staff required for each manoeuvre the person needed to make, in great detail. For example, the type of sling and which loops to use, where staff should position themselves and their role in the manoeuvre and any other considerations for that individual such as hip pain or osteoporosis. Photographs in the support plans showed that the young people had been very happy to have pictures taken to show how they wanted to be supported to move. This meant that staff were able to assist each young person in the way that made them feel most comfortable and safe.

Support plans focused on the young person's whole life and enabled staff to get to know everything about the young person. Each young person had a detailed daily routine, described in easy-read pictures as well as words. A commissioner wrote, "The language [in the support plan] showed the team know the [young person] they support very well." The plans were regularly reviewed, again involving the young person and everyone who knew them. Support plans were amended or added to as staff got to know the young person and when the young person's needs changed. Staff supported each young person to be as involved as possible in the reviews. Staff were fully aware of the importance of reading support plans so that they could work consistently with each young person in the way that young person preferred.

Young people's relatives were confident that staff had the right skills and knowledge to offer personalised and responsive care to each of the young people they were supporting. One relative told us, "I feel [staff] really understand cerebral palsy. They tried to get as much information as they could [so they knew how to

look after [name]].” A healthcare professional wrote, “The staff were very proactive in their care and in wanting a plan for the resident and wanting to understand what was going on [with this medical condition].”

Staff had quickly developed exceptional skills so that they could respond to the support one young person needed for several months at the end of their life. They not only supported the young person at home, they also supported them during a number of hospital admissions and when they were admitted to the hospice. The young person's relative told us, “[Staff] were extraordinary throughout the whole period, learning new and demanding skills. [Name's] clinical and emotional needs required skilled and reactive judgements.”

Another young person's relatives told us how staff had been “incredibly supportive and responsive” in effectively caring for their family member's complex health needs. Relatives had wanted to try an “incredibly complicated special diet” to help their family member. This diet involved additional training for staff and special food. Staff and the managers were very willing to take it on board and arranged for a particular organisation to train the staff. Relatives reported that the staff had been exceptionally professional in meticulously carrying out all that was involved. This included intricate record keeping and following procedures such as blood sugar monitoring and mixing the food. The relatives were very grateful that staff had picked up various medical issues that had occurred and used their initiative to contact the GP or get the young person to hospital. They told us, “This has been very reassuring for us.”

The registered manager described the physical management programmes that were in place for each young person, to respond to their physical needs. These programmes included all the information relating to the young person's physical exercise, positional management and physical aims and objectives. Each person had a timetable, which could include hydrotherapy, community swimming, trampoline exercise (rebound therapy), passive stretches and the use of standing and walking frames. This ensured that people were as physically active as possible. A therapist told us that the rebound therapy was “really fun” for the young people, while working on issues such as posture, bowels and breathing.

Young people who lived at Aurora Orchard Manor were given the widest possible range of activities to choose from, both within the home and in the community. Staff were innovative in finding things for the young people to do in order to make their lives as fun and fulfilling as possible. Each young person had a weekly timetable of activities, with two sessions in the morning and two in the afternoon. The timetables were based on the young person's known likes and dislikes. Sessions ranged from music and art therapy, work on computers and sensory experiences, to physical exercise or group games. Young people accessed community services such as pubs, clubs, swimming pools, beauty therapy, hairdressers, garden centres and shops. One young person was being supported to start attending a course at a local regional college. Staff were working with a sensory specialist to learn how to offer people experiences that would enhance the quality of their lives even further.

Daily recording sheets showed the activities the young person had been involved in. These had recently been revised to record, with the use of smiley faces, the person's mood during the activity. In this way staff could update a young person's timetable if it was shown that the young person did not enjoy an activity. A relative told us about a recent visit they had made to the home. They said, “My [family member] was totally relaxed and it was clear to see he was enjoying himself in a wide variety of activities.” Each person's aims and goals, fully recorded in their support plans, were evaluated in the daily records.

In the skills centre we saw that a social enterprise was up and running. Young people were making cards, wrapping paper, shopping bags, dog biscuits and soap to sell. One young person intended to take the things they made to a local craft fair. Another young person ran a café in the skills centre on one morning a week.

Staff had spent several months filming a pantomime. Relatives of a young man who was dying could not praise the staff enough for enabling their son to be a part of it. The staff had encouraged him to work on his part of the pantomime whenever he felt well enough. The relatives said that it was done in a way that meant their son could take part as "it wasn't a one-off event. [Name] could fit in bits of filming and preparation when he was well. He dictated his involvement." They told us how the film is such a precious memory for them.

Relatives told us about occasions when the staff team had definitely 'gone the extra mile' to make sure their family member had as much fun as possible. One young person's relatives told us, "We were very touched when a group of young staff spent their free time visiting [name] in the hospice. We remember one Saturday evening when several staff turned up and sat with [name] chatting and eating pizzas, just like they would for their own friends. They were all family." On another occasion staff had taken the young person to their family home for Christmas Day and spent the day with the young person's family. Staff knew this would be the young person's last Christmas. The family told us how much it meant to them. They said, "We have very poignant memories and are happy we had this opportunity."

Staff supported the young people to organise a sensory memorial day to remember their friend who had died. The day involved all the things their friend had liked, including sensory stories, birds of prey and top gear. The young person's relatives said there was "loads of fun" and "it was a lovely tribute."

The provider had a complaints procedure and young people were supported to raise concerns if they wanted to. The procedure, in easy-read format was displayed around the home and there was a copy in each person's support plan folder. Relatives told us they knew who to talk to if anything was not right and they were confident their concerns would be listened to and addressed. One relative told us, "I have always found staff to be professional, empathetic, proactive and efficient when dealing with any concerns." Complaints were always responded to and 'lessons learnt' were shared with the staff team.

Is the service well-led?

Our findings

We saw and were told that the young people who lived at the home were very happy to be there. Relatives were pleased that their family member had chosen this home. One relative, whose family member had had a number of moves in as many years, was lavish in their praise of the home. They told us, "There's so much on offer at Aurora Orchard Manor... many more activities... very impressed with the physio and speech and language therapist... [staff] want to be involved in [everything] so that they can better know the person... it's all about the care: I don't see how you could get better care. Everything they do is the right thing to do."

The home had received numerous compliments from young people's relatives and external professionals. Parents of a young person who visited the home with a view to making Aurora Orchard Manor their home, wrote, "Just to say a huge thank you for making [us] and [name] so welcome. We are very impressed with [Aurora] Orchard Manor and very much hope [name] is successful in securing a place with you." Relatives, staff and external professionals said they would have no hesitation in either using the home if a relative was in need of this type of care, or in recommending the home to others. One relative said, "I would recommend without question. I think the staff are magic." A GP told us, "I would be happy for a relative of mine to live there if they needed that type of care." A member of staff stated, "I would happily recommend the service and allow my family, if needed, to come here. The staff are very respectful."

Staff told us they enjoyed working at Aurora Orchard Manor. One member of staff said, "We like it. It's a good place to work." Another explained, "We support each other and make sure we're all following the same strategy for each young person." The registered manager praised the staff. She told us how much she admired "the resilience of the staff team" and said, "They deserve a medal. I think we've done a really good job. We all work so hard to get the best outcomes for the young people."

The culture of the home was open, inclusive and caring and focused strongly on the needs of each of the young people who lived there. The young people, their families and other visitors to the home were given opportunities to give their views about the service being provided. Feedback forms were available, relatives received written questionnaires and everyone knew that there was always a senior member of staff available to speak to. A social care professional had completed a visitor feedback form. They had written, "I am very impressed with the person-centred approach offered to [name]." A member of staff told us, "It is person centred here. We all work in this way to support the [young people]." The registered manager said the recent recruitment drive had been very successful. They said the staff that had been appointed "have the right ethos and values."

The provider was registered in May 2016. This is the first ratings inspection of this service. The change of provider had caused some unsettled feelings, especially amongst parents and staff. However, several of the people we spoke with told us that things had settled down. One relative said, "Aurora have managed the takeover efficiently and effectively with exciting opportunities for the future of the young adults currently residing here." A GP wrote, "We are not aware of any significant change either in management or care since the change to Aurora."

There was a registered manager in post. Everyone we spoke with knew who the registered manager was and knew they could speak to her at any time. The registered manager provided strong leadership whilst at the same time delegating responsibilities to other staff to enable them to develop. She told us that she and the other senior staff had exceptionally high standards and they "expected the same of the staff team." Staff received training, supervision and support to maintain these high standards at all times. There was evidence that if it was suspected that a member of staff had fallen short of these standards, the circumstances were investigated quickly and appropriate action taken. A member of staff told us, "[The registered manager] leads by example. All the senior staff are nice and very approachable." Another member of staff said, "[Name of registered manager] is very supportive." We saw that staff and the managers on duty had good, friendly yet professional working relationships with each other.

The registered manager told us they attended relevant events away from the home as networking opportunities and in order to make sure they were fully up to date with current thinking on best practice. A therapist told us, "They [the provider] actively encourage networking and keeping abreast of what's happening in the profession." The registered manager was aware of their responsibilities in relation to notifying CQC about certain events, in accordance with the regulations. Our records showed these had been sent as required.

The provider had a scheme in place to recognise outstanding contributions made by the staff. We saw that the registered manager had put forward one of the site maintenance team for recognition. The registered manager said that this member of staff learnt that a young person who was moving into the home had chosen to decorate his room in West Ham colours. On finding out that this young person would be cared for in bed for several months, the staff member had "spontaneously spent his own time painting bubbles onto a claret wall and hanging a West Ham picture he himself supplied."

There were a number of links with the local community and staff were constantly thinking of new ways to get the young people involved in the community. The social enterprise was expanding well and trips out to places such as the local pubs, garden centres and swimming pools were becoming more frequent. Staff supported the young people to attend appointments, go shopping and join in with community activities. Over time, the young people had been recognised as part of the community and relationships with other people had been established, such as at the hairdressers and in the shops. The young people had been invited to local events.

The registered manager knew all the young people who lived at the home well and worked with them regularly. This enabled her to understand each person's needs, so that she could advise staff appropriately on meeting those needs. The registered manager visited the flats at all times of the day and night, carried out spot checks and evaluated the quality of the care and support being provided to each young person. This meant she could be confident that the service being provided by the staff was of the highest possible quality and was meeting the young people's needs.

The provider had a system in place to check the quality of the service being provided. A range of audits on various aspects of the service was carried out and any issues found were addressed. In the PIR the provider told us that the registered manager and care managers completed service and medication audits and carried out regular unannounced visits and spot checks, both during the day and at night. This was confirmed by the records. A senior member of staff from another service also carried out a medication audit. Issues identified in any of the audits were added to the service improvement plan, which collated and monitored progress on any identified actions. Regular visits to the service were undertaken by members of the provider's senior team. Records were kept securely as required.

