

Gloucestershire Group Homes Limited

Old Dairy

Inspection report

The Old Dairy
Market Street
Nailsworth
Gloucestershire
GL6 0BZ

Tel: 01453835023

Date of inspection visit:
06 March 2019

Date of publication:
26 March 2019

Ratings

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

Summary of findings

Overall summary

About the service: Old Dairy is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. It provides personal care to adults living with a diagnosis of autism or Asperger's.

The Old Dairy consists of a care home for five people and a self-contained flat (The Flat) for one person. The service supports people with a diagnosis of autism or Asperger's. The service size reflected the principles and values of Registering the Right support, although the service was commissioned before this 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.

There were no deliberate signs to indicate the Old Dairy was a care home. Support staff wore their own clothes when working with people including accessing the community. Six gentlemen were living at Old Dairy at the time of our inspection.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- Staff understood how to communicate with people effectively to ascertain and respect their wishes.
- People's independence was respected and promoted. Staff prompted people during household tasks and activities, to enable them to do things for themselves and learn new skills.
- People's support focused on them having opportunities to be part of their community, meet others and maintain existing relationships.
- Health and social care professionals guided staff to support people with their behaviour in accordance with national best practice guidelines.
- Risks to people had been assessed and plans were in place and followed by staff to keep people safe.
- Safe recruitment practices were followed to protect people from unsuitable staff. There was minimal staff turnover which promoted a high continuity of care and support.
- Staff were knowledgeable around safeguarding and understood provider policies and procedures in this regard. There were good links with local safeguarding bodies.
- Systems were in place to ensure people received appropriate support to take their medicines safely.
- Staff received supervision, felt supported in their role and received the training they needed to support people's needs.
- All staff had a good understanding of the principles and application of the Mental Capacity Act. No one was living under the Deprivation of Liberty Safeguards.
- Staff attitudes and behaviours were responsive, respectful and caring.

- People were supported through appropriate communication methods by staff that knew how to involve people in their own care.
- People were supported to take positive risks and their goals and wishes were acknowledged and worked towards.
- Interactions between staff and people demonstrated personalised, collaborative, action-oriented care and support.
- There were processes in place to manage adverse incidents and complaints. There was evidence that learning from incidents was shared across the service.
- Effective quality monitoring systems were in place and regular audits and checks supported the registered manager and senior staff to identify concerns promptly to take action to improve the service.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We received positive feedback about the service and the care people received. The service met the characteristics of 'Good' in all areas. For more details, please see the full report which is at the CQC website at www.cqc.org.uk

Rating at last inspection: We last inspected Old Dairy on 31 January 2018. This was a focused inspection, which followed up on our last comprehensive inspection in August 2016. At the last inspection the service was rated Good (this report was published on 30 March 2018). At this inspection the service remained 'Good'.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous 'Good' rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Old Dairy

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

About the service: Old Dairy 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.

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. The registered manager was the manager for the Old Dairy and other services operated by the provider.

Notice of inspection:

The inspection was announced. We informed the provider 24 hours before our visit to enable them to ensure people living at the home were comfortable with our visit. Additionally people are often out in the community and there may be no one in the home for us to engage with.

What we did:

Before the site visit:

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the site visit:

We spoke with four people about the Old Dairy. We spoke with one person's relative who was visiting the home and a day centre employee from another of the provider's services. We observed staff interacting with people throughout the day, including preparing meals and other friendly discussions. We reviewed a range of records. This included three people's care records, one staff recruitment file and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service. We spoke with the registered manager, senior support worker and three support workers.

Following the site visit:

We sought feedback from a GP who regularly visited the service and has worked with the service to increase the effectiveness of people's care pathways. We spoke with two people's relatives about the Old Dairy.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported to take positive risks to meet their personal goals and aspirations.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe living at the Old Dairy. One person said, "I feel safe here, it's my home". Another person told us, "The staff keep me safe and I feel safe in (the community)."
- Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistleblow' and knew which outside agencies to involve if needed.
- The registered manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.
- The provider's policies and procedures supported diversity and equality. A "zero tolerance" approach was taken against discrimination, harassment or bullying against people and staff.

Using medicines safely:

- Staff who administered medicines had received training and their competency was checked. Staff had information to guide them in giving 'when required' medicines in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused. People's medicines were dispensed from their original containers. Staff told us this was "safer" and increased their sense of accountability.
- Staff checked people's prescribed medicine stocks during every shift handover. This enabled them to identify any medicine errors quickly to maintain people's wellbeing. Staff told us there were rarely any errors.
- Medicine administration records (MAR) showed people had received their medicines as prescribed.

Staffing and recruitment:

- Since our last comprehensive inspection in August 2016, there had only been one newly recruited member of staff, who had been working at the Old Dairy since 2017.
- This staff member's recruitment record showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a six-month probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.
- There were enough staff with the right skills and experience to support people. The staffing team planned ahead to ensure staff could support people to attend their healthcare appointments. When there was planned staff absences or staff sickness the service accessed staff from the provider's other services. The registered manager explained they did not use agency staff. The providers own staff had a good

understanding of people's needs, abilities and preferences.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Risk assessments managed risks to people while taking their individual needs and preferences into account. Referrals to health care professionals were made when people's needs changed; their advice was acted upon and shared with people's close relatives. This included detailed support plans for personal care, behaviour management and activities.
- People were supported to take positive risks. One person wanted to volunteer at a local charity shop. The registered manager and staff worked with the person and the manager of the shop to identify the potential risks and the support they required. This included staff assisting, then shadowing the person during a shift. The person was now comfortable working in the shop without the aid of staff and told us they enjoyed their job.
- People were supported to access the community when required. One person received one to one support. Staff understood the risks to the person within the home and the community. They were supported to go on trips using the home's transport and public transport whilst maintaining their safety.
- The continuity of staff had enabled people to foster positive relationships with staff. This meant that people's anxieties were known and staff were proactive in reassuring and supporting people.
- There were low level of incidents and accidents between people living at the service. Where incidents had occurred, the service had taken action to reduce any reoccurrences. For example, one person could become anxious if another person touched them or moved into their personal space. Staff had discussed this with both people and there were clear guidelines in place for staff to follow.
- Staff discussed changes in people's needs and risks at team meetings. Staff spoke positively about how they worked as a team and had a uniform approach when assisting people with their anxieties. One member of staff said, "We all work from the same hymn sheet, it helps."
- Each person had a fire evacuation risk assessment in place to provide staff guidance on the support each individual required. These documented people's understandings and personal preferences.

Preventing and controlling infection

- The Old Dairy and The Flat was clean throughout inspection. People were involved alongside staff in maintaining the cleanliness of the home. Most people were independent in managing their personal care needs, which reduced the risk of infection.
- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids.
- Staff completed food hygiene training and there had been no recent infection outbreaks at the service.

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.

Good: People's outcomes were consistently good, and feedback confirmed this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People received care and support which was tailored to promote their wellbeing.

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

- People's needs were fully assessed which included ongoing involvement of their close relatives and reviews by a range of health and social care professionals. People's support, for example in relation to their healthcare needs, relationship needs and behaviours, were planned and delivered in line with professional standards and guidance.
- People's choices were taken into account. Their preferred routines and interests were detailed throughout their support plans. Staff understood how to assist people and promote their independence and involvement household tasks or activities. People's wishes were respected.
- When assessing people's needs and delivering care, current legislation was considered and followed. For example, processes followed in adherence to the Mental Capacity Act 2005. Staff respected people's capacity to make decisions, and respected their individual decisions.
- People's rights were supported by staff who understand their individual needs and preferences.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills and experience to meet their needs. People spoke positively about the staff, comments included: "The staff know me, they're good" and "I think the staff are good." One person's relative told us, "The staff are great. They do a good job."
- Staff training and support needs were identified and monitored through probationary meetings, ongoing supervision and annual appraisal. Training records demonstrated all staff received training to enable them to maintain people's safety, such as fire, first aid and safeguarding. Staff also received training in relation to people's health and emotional support needs, such as autism and eating well training.
- Staff expressed they had all the support and training they required. Comments included: "100 percent. I have all the training I need. I can ask for training, however I never have to"; "I am up together with my training. I can always get more. I have first aid training every year, I don't have to worry here" and "It's really supportive here, I love it."
- Staff were supported to achieve relevant qualifications including Diplomas in Health and Social Care and recognised qualifications relevant to people's care needs, such as qualification in Autistic Spectrum Disorders. The registered manager was also supported to attend national conferences and local meetings set up by the local care providers associations. They attended the annual National Autistic Society conferences to keep themselves updated on current best practice. This information was then passed to staff

at the Old Dairy and the registered managers other services.

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

- People had access to a weekly menu which they helped choose and were involved in the meal preparation. On the day of our inspection one person was assisting a member of staff prepare the evening meal. People were also involved in planning the shopping for the home, during our inspection one person was making a shopping list of the items they required.
- People enjoyed accessing the local community for lunch and coffee. People also purchased their own snacks which they enjoyed. One person enjoyed having an alcoholic drink, although this could place him and other people at risk. Staff had clear guidance to follow, which respected the person's choice but minimised any concern.
- No one living at the Old Dairy required Speech and Language Therapists (SLT) involvement in relation to their dietary needs at the time of our inspection. Staff knew how to access this support if needed.

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

- Staff worked closely with other health and social care professionals to deliver effective care and treatment. The registered manager explained how they had developed a strong working relationship with a local GP who had a good understanding of the needs of people living at the Old Dairy.
- Staff had established good working relationships with a variety of health and social care professionals. Where advice had been sought from healthcare professionals this had been clearly recorded on people's individual care plans.

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

- The registered manager and provider had plans in place to refresh the home to make it meet people's needs and preferences. This included swapping the functions of two rooms around to promote people's access. The registered manager and a senior support staff member spoke positively about how their requests for changes to the home were acted upon.
- One person lived in a self-contained flat, which was part of the Old Dairy's registration. This flat contained everything the person required and had been decorated in accordance with the person's wishes. Jigsaw puzzles they had completed were displayed within their personal space.
- People's bedrooms reflected their needs, preferences and interests. One person had fairy lights in their room which they enjoyed. Another person had movie posters and items important to them. The provider had switched the staff room with one person's bedroom. This meant the person could enjoy a bigger room which met their wellbeing needs and provided them a space to share with their visitors.
- Staff were mindful of the impact of noise levels on people who were sensitive to sound. Staff discussed how they supported one person to be aware of any unfamiliar visitors or when maintenance work was being carried out. The person had ear defenders which they used to reduce their anxieties regarding loud noises.
- One person used a room in the home to work on their wood work projects. The registered manager showed us some of the work the person was completing. They also told us that people living at the home enjoyed their garden and were at the centre of any decisions in the use of the garden, such as growing plants.

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

- People's nutritional needs had been assessed and their weight was monitored where required. One person had made the decision, following support from staff, their GP and other healthcare professionals. One member of staff had discussed a diet with the person which they were now following.
- Each person had a health action plan where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded.
- People's care and treatment was reviewed with health care professionals at agreed intervals, to ensure their care and support remained appropriate and effective.
- People's close relatives were invited to attend health reviews and their views were taken into account. They

were kept informed of all incidents and health related changes by staff.

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.
- 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. The principles of the MCA were understood and the MCA Code of Practice followed. At the time of our inspection none of the people living under the Deprivation of Liberty Safeguards (DoLS). 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 DoLS.
- Staff obtained consent from people before providing care and support. Support plans were sufficiently detailed to assist staff to support people in the least restrictive way.
- People had the capacity to make significant decisions and staff told us how they supported people to make informed decisions, however respected their individual choice. One member of staff said, "One person went shopping, they came back with a bag full of chocolate. We discussed this with them, eating healthily, however it was their choice and we respect that."

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported equally and with kindness and compassion

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

- We observed staff showing kindness and compassion towards people. People enjoyed friendly conversations and were comfortable in the company of staff. We observed one person joking with two members of staff about their accommodation and their support.
- People were supported to raise any concerns about their support. For example, one person had raised a concern about how they interacted with one member of staff. The registered manager supported the staff member to work with someone else and supported them with training and support. The person now likes to be supported by this staff member now their relationship has formed.
- People were treated as individuals and equals to staff. While staff supported people, they put them at the forefront of everything they did. Staff viewed the service as a "family" and prided themselves on the Old Dairy not feeling like a traditional care home. One member of staff said, "We're client led, it's got to be right for the client. Our ethos and culture is that we don't want it to look and feel like a care home." The home's front door was open and people could freely access all areas of the home and the local community. There was no signage to indicate the Old Dairy was a care home.
- People were supported by staff who they knew well and reflected their personal attributes. All of the people had lived at the home for a number of years, with five people having lived there for 20 years. A number of staff had worked at the home for 20 years. People had grown alongside staff which had fostered a positive caring environment.

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

- People were able to communicate their needs and were at the centre of deciding their care and support. People's goals and wishes were identified and respected. For example, one person had expressed the desire to be in a romantic relationship. Staff had supported this person to attend a drama class where they had met a partner. They worked with the person to help them maintain their relationship. This included engaging with the person's family and their partners family. One member of staff said, "They spend time with each other's families without staff being around. It makes it normal, as it should be."
- People's decisions of who they wished to be involved in their care were respected. One person had decided they did not wish for members of their family to be involved in their care. Staff had respected this wish and set up contact protocols with the person's family, which respected the person's wish but enabled for communication in emergency situation.

- People's views were respected and they received reassurance regarding their concerns. One person was being supported with their healthcare appointments. Staff reassured them regarding their healthcare concerns and when appointments could be arranged. Staff explained this reassurance was important to the person and supported them to be calm.

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

- People were treated with dignity and respect and their independence was actively promoted. We observed staff involving people with everyday tasks, such as preparing drinks and meals. People were supported to choose what they wanted to do with their day. On the day of our inspection, one person was in the home during the morning. Staff told us they took this time to ensure the person benefitted from one to one time. One member of staff said, "They like having a bath when I come on shift. I can encourage them to have a bath, if I offer to help clean their room."
- People's independence was promoted and respected. People could access the local community and were supported to attend activities, day centres, visits to their family homes and jobs.
- People were supported to express their personal needs in the privacy and comfort of their room. Staff supported people to ensure their needs were carried out in private to ensure they and other people were protected. One person liked to access the internet in public areas to access information which was not appropriate. Staff supported the person to access this information in the comfort of their own room.
- People had keys to their bedrooms and their individual spaces were clearly respected. Some people chose to lock their rooms, while others were happy to leave their rooms open and accessible.
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.
- Staffing was arranged in accordance with people's preferences and protected characteristics. For example, staffing was arranged to support people to carry out activities and attend healthcare appointments.
- Relatives could visit at any time and a relative who was unable to visit regularly said, "Everything's really positive. I always feel at ease to ring up and speak to people [staff]".

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were at the centre of their care and their choices and wishes were respected.

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

- The provider's equality, diversity and human rights policy set out the approach to how people's care would be planned and delivered in line with their diverse needs and preferences. Policies were reviewed in line with legal requirements, national guidance and best practice.
- The service was located in the centre of Nailsworth town centre, within walking distance of a range of local amenities and bus routes to larger towns in the county. People were supported to access the local community by staff and in staff vehicles. People also enjoyed accessing local transport, with two people telling us they liked to go on the bus to Gloucester.
- People's records included their personal history, people who were important to them and their needs and preferences. Support plans detailed how staff should support each person, through different parts of their day and for different activities, to enable the person to participate as fully as possible and be in control. For example, people's interests and hobbies were recorded, alongside their personal wishes and goals.
- A visiting professional said staff, "It's a very nice home, there are ally good staff here. All the staff are on top of person centred care". Staff supported people to engage with their families. For example, one member of staff supported one person to pick their relative up from a local train station. The person's relative stayed locally to the home and spent time with the person in the home. When relatives were attending or where people wanted to go somewhere special for personal reasons or appointments, the home's staff arranged there was someone to help support them with their need.
- People were supported to gain new skills and increase their independence. One person's relative told us "One relative told us, "(relative) has really progressed here". Staff spoke positively about people and the progress they had made in recent times. For example, one person's anxieties had reduced, and staff were impressed how the person engaged with the inspector, as previously visitors had caused them to be anxious. Another person was supported with their interests which included woodwork. The person had a room where their pieces of work were being worked on.
- Staff respected how people chose to spend their days. For example, one person enjoyed spending time in their own company watching football. Another person enjoyed watching martial arts films and playing computer games which they were supported to do in the comfort of their own room.

Improving care quality in response to complaints or concerns:

- People, relatives and other visitors to the service could raise a complaint or make suggestions about how to improve the service. One member of staff told us, "People and their relatives are comfortable to come to

us with any concerns or comments. I had one relative discuss their views with me, we acknowledged them and discussed how we could proceed." One relative told us they would feel comfortable raising a concern.

- The registered manager told us they maintained a record of concerns and complaints and discussed actions they had taken from concerns. In the 12 months prior to our inspection the registered manager had not received any complaints regarding the service. Staff told us they would assist people to raise a concern or a complaint, however no one had raised any concerns. One person told us, "I'm fine, I would say if I wasn't."

End of life care and support:

- Old Dairy provides a service for working age adults, five of the people living in the service had lived there for around 20 years. The service was working with staff to focus on training based on peoples later life, such as dementia training.
- We discussed advanced care plans with the registered manager, and the support people may require to assist them with their emotional needs when their parents pass away. The registered manager told us they were looking at these processes as part of their development and journey with the people they support.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible, people were involved in the day to day management of the service.

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. The registered manager was the manager for the Old Dairy and other services operated by the provider.

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

- The registered manager and staff had developed a positive people first centred culture in the service. All staff spoke positively about the care and support they provided and the 'family' culture which had developed between people and the staff team. Staff praised the continuity of the care team and the impact that had on people.
- Staff were supported, respected and valued. Staff told us the registered manager, provider and support staff were all very supportive. One member of staff told us the best thing about working at the Old Dairy was, "We work as a team, 100%. We work from the same page. We support each other to ensure they (people) get the best care and support. No member of staff needs to feel like an individual."
- Feedback from staff and relatives about the leadership team was positive. All staff felt there was a clear "open door" policy. Comments included, "They're so approachable, you can always get support from on call. We have an appraisal with the registered manager" and "They do the paperwork, they take that pressure off us so we can focus on being there for the clients, supporting them with their goals and preferences".

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

- Staff understood their roles and responsibilities and expectations of staff were clearly communicated by managers through meetings and supervisions. For example, CQC inspections at other services operated by the provider and used supervisions and appraisals to discuss their expectations of staff and the support they could provide the member of staff to support their development.
- Senior staff and the registered manager carried out quality audits of the service. These audits provided an overview of the home and the support the registered manager and the provider could provide. For example, a damp report had identified some work was required within the home. The registered manager was making themselves available at the time of this work to support people and staff.

- These audits enabled the registered manager to engage with people and staff, to understand their views. For example, staff discussed the support one person required with their ongoing needs. One person told the registered manager about their goals and aspirations.
- The registered manager carried out checks on infection control and management of medicine processes within the home. Any shortfalls were addressed through action plans. Infection control action plans we review showed the staff were working to the providers expected practices. Prior to our inspection the service had changed their pharmacy, due to concerns over people's prescribed medicines not arriving in a timely manner. Staff spoke positively about this change.
- The registered manager was aware of regulatory requirements and had consistently notified us when required to do so.
- The registered manager, was also the registered manager for other similar size services operated by the provider. The registered manager ensured ideas and lessons were shared between all services to promote effectively development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- People were continually involved in day to day running of the service. They were able to discuss their views and wishes, such as activities they preferred and any changes they wanted in the home.
- Staff, people and their relatives were kept informed of changes planned at the Old Dairy as far as possible.
- The service worked openly and transparently with external organisations. This included key staff attending care review meetings to share information with local authority assessors.
- The service worked closely with local healthcare professionals, including a GP to meet people's healthcare needs. This enabled people to have quick access to a GP who they were familiar with.
- The provider and registered manager carried out quarterly group meetings. These meetings enabled lessons to be shared between group homes to help drive improvements across all of the group homes. Changes in relation to the local authority commissioning and CQC were also discussed.

Continuous learning and improving care:

- Staff were activity involved in developing the service. A staff member told us, "Through team meetings we feel involved".
- The registered manager and provider carried out an annual development plan for the Old Dairy. We reviewed the most recent plan implemented in January 2019. This documented clear action as and outcomes the provider and the registered manager wished to achieve. For example, an aim for 2019 was to increase service user involvement to promote their wellbeing. This included considering renting an allotment and improving the use of the home's garden, which was heavily used by people during the summer.
- Improvements made in 2018 related to a change in the pharmacy the service used. This change had led to changes to the management of medicine systems the service operated. Staff talked about their initial anxiety to this change, however felt the system was safer and provided them with greater accountability. Staff had taken this extra responsibility on-board and discussed medicines at handovers. The change had helped minimize medicine administration errors.
- The leadership team were outward looking and proactive in improving the service. For example, the registered manager was an active participant of the Gloucestershire Care Provider's Association (GCPA). They also attended National Autistic Society conferences. This enabled them to keep up to date with national and local changes and initiatives and gave them access to a network of providers for mutual support, information sharing and resources.