

Orchard End Limited

Stroud Lodge

Inspection report

319 Stroud Road
Gloucester
Gloucestershire
GL1 5LG

Tel: 01452312216
Website: www.choicecaregroup.com

Date of inspection visit:
23 January 2016

Date of publication:
18 March 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was unannounced and took place on 23 January 2016. Stroud Lodge is registered to provide accommodation for up to nine people with learning disabilities or mental health disorders.

The home was made up of three floors with nine bedrooms, five of which had en suite facilities. There was a lounge, dining room, computer room and a small room where people could sit and read. Stroud Lodge also had the benefit of an enclosed landscaped garden. At the time of our inspection there were nine people living at the home.

There was a registered manager in post. 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.

People were happy and felt safe. People's confidence and ability to be as independent as possible had grown since living at Stroud Lodge. Their risks were managed effectively and they felt confident meeting new challenges with the support of the staff. They had their medicines administered safely and there were enough staff so that they could undertake the activities they wished and be supported in meeting their individual needs.

People's care plans were tailored for them as individuals with the involvement of their families at all stages. People were cared for by staff that knew them really well and understood how to support them to attain their goals. People's progress was monitored and celebrated. Staff were constantly looking for opportunities to offer to people that would help them grow, gain confidence and live a fulfilled life. People were able to participate in the quality assurance processes of their home and could undertake a variety of different training offered by the provider.

People and those important to them were closely involved in developing the service. People were enabled and encouraged to maintain and develop friendships in and outside of the home and to develop links with the community.

Staff were very well supported and had the benefit of a programme of training that enabled them to ensure they could provide the best possible care and support. Staff lived the values of the provider and put people at the heart of everything they did. Staff were all clear that they worked as a team and for the benefit of the people living at Stroud Lodge. Their comments and feedback fed into the continuous improvement of the service.

There had been no complaints about the service for the last two years.

The service had a strong leadership presence with a registered manager who had a clear vision about the direction of the service. She was committed and passionate about the people they supported and was constantly looking for ways to improve. The home and the registered manager had significant support and

guidance from the provider. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

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.

People were protected from the risk of abuse because staff knew how to recognise abuse and how to report concerns. People who used the service felt able to report any concerns to staff.

People's risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained home with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly
There were enough staff to meet people's needs and recruitment practices protected people from being cared for by unsuitable staff.

Is the service effective?

Good ●

The service was effective. People were supported by knowledgeable and highly skilled staff who had access to all the training they required.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People had access to their own training

People's consent was sought at all times. Deprivation of liberty safeguards were applied appropriately.

People had freedom to choose what and when they ate and were also well informed about healthy eating and specific dietary requirements.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity

Is the service responsive?

Outstanding 

The service was highly responsive.

People received highly personalised support by staff that knew them well. People were encouraged and supported to reach their goals. Many people's confidence and independence had improved since living at Stroud Lodge.

People's achievements were recognised and celebrated.

People were able to maintain relationships with those who mattered to them no matter how challenging the circumstances were.

People had access to a wide range of personalised and group activities and had a say in all aspects of the running and development of the home.

People and relatives were encouraged to provide feedback to help improve the home.

Is the service well-led?

Outstanding 

The service was very well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking for ways to improve.

The values of the provider were consistently demonstrated by the staff in their interactions with people and with each other.

People's views were sought and acted upon. People were encouraged to shape the direction of the service.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

Stroud Lodge

Detailed findings

Background to this inspection

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

This inspection took place over one day on 23 January 2016 and was unannounced. Our inspection was carried out by one inspector. During the inspection we spoke with five people who use the service, two relatives, three members of staff and the registered manager. We observed staff interactions with people and each other throughout the inspection.

We undertook a tour of the premises, looked at five care records, four staff recruitment files, staff training records, staff duty rotas, minutes from various meetings and other records relating to the management of the home.

Prior to the inspection we looked at the information we held about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission and the Provider Information Record (PIR). A notification is information about important events which the service is required to send us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make.

After the inspection we spoke with two health care professionals that have had regular contact with the service. We were also given documents after the inspection relating to people's achievements at the home, meeting minutes, surveys and the business plan.

The last inspection of Stroud Lodge was completed on 1 July 2013. At that time we found the service was compliant with the regulations in each of the areas we checked.

Is the service safe?

Our findings

People's safety was a priority for the staff at Stroud Lodge. They were kept safe from the potential risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Staff were clear about their role in safeguarding and the systems in place to protect people. All staff had received safeguarding training and senior staff had received enhanced training delivered by Gloucestershire Local Authority. The staff we spoke with said that they were completely confident in the safeguarding process. Staff said they would not hesitate to report any concerns they may have to their manager or if necessary to the safeguarding team at the local authority. People we spoke with also knew what to do if they had any concerns. There were safeguarding flowcharts on the walls of the office to help people understand the process. One person said "I feel very safe here but if I didn't I would tell someone straight away".

People's risks were identified and managed appropriately. The staff demonstrated to us an in- depth knowledge of the individual risks for each person. The registered manager explained that it was important people took risks where they could; she said they may make mistakes but that this helped people learn by experience. Risk assessments were detailed and showed clearly how to keep people safe, for example how to reduce the risk for people when accessing the laundry room or kitchen but in the least restrictive way. One person enjoyed visiting the pub and their assessment contained detailed information for staff on how to manage their specific risks, including the indicators for when the person may become upset and other guidelines such as ensuring the pub was not overly crowded which could raise the person's anxiety levels.

People were kept safe from the risk of financial abuse because the home had stringent financial audit processes in place. Some people managed their own money but those that did not had their money stored securely and signed out for them as needed. This process was audited on a daily basis and the registered manager was confident that because of this any discrepancies would be identified in a matter of hours.

Accidents and incidents were monitored and analysed so that any trends of concern could be identified. When patterns were found action was taken and outcomes were evaluated. Individual incidents were also evaluated and used to drive improvements and reduce risk as an ongoing process. For example a recent incident around a service user having their bank card stolen when out meant that the home changed the process so that this person now had access to their money in a different, safer way.

Each person had a personalised fire evacuation plan that was regularly reviewed. Whilst at the inspection a fire drill took place and everyone attended. There were easy read leaflets available about what to do when hearing a fire alarm at night for people. This meant that they were well prepared for an emergency situation and their anxiety was reduced. Safety equipment was checked regularly and Legionella risk assessments were in place to include daily water temperature checks. Vehicle checks were also undertaken on a daily basis.

People lived in a clean and well maintained environment. Deep cleaning of the home took place on a monthly basis and daily cleaning was undertaken by the staff and evidenced by detailed checklists that were

signed by those responsible and monitored by the team leader. The home's last food hygiene inspection in July 2015 resulted in them receiving the top score of five stars. Regular infection control audits ensured they operated within the guidelines of the Code of Practice on the prevention and control of infections.

People's needs were met by sufficient numbers of staff. However there were some mixed views about the staffing levels from staff. One member of staff said "I think there are enough staff", another staff member said "It's really refreshing here, there is such a good ratio of staff to services users compared to other places", another member of staff said "I don't think there are enough staff here because some service users can be very challenging at times and there are only five of us on the weekend". During our inspection, which took place on a Saturday, we could clearly see that people had plenty of time and opportunity to chat with staff, have their needs met and to undertake any activities they wished. The registered manager said, and the rotas confirmed this, that there were seven staff on in the morning and five or six in the afternoon with five staff morning and afternoon on the weekend. The reduced number at the weekends was due to the fact that most people were out and some away visiting families on the weekend. The registered manager said that staffing never fell below a minimum level and that there was enough staff for people to go out all day if they wished. Agency staff were not used and the Assistant Area Director confirmed that if cover was needed in an emergency then staff from the provider's other homes could be utilised.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. All relevant checks were in place including ensuring people were of good character, evidence of their employment history, an exploration and explanation for any gaps in employment and a Disclosure and Barring Service (DBS) check. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children.

Potential new staff were asked to visit the home and meet the staff and people living there before attending an interview. People were encouraged to take part in the recruitment of staff and some had undergone specific training to undertake this role. The registered manager was a recruitment trainer for the provider. She helped train people in how to interview and choose the best possible staff.

People had their medicines on time and as prescribed. Medicines were stored safely and appropriately with regular temperature checks and a plan in place if the temperature exceeded acceptable limits. The medicine administration record (MAR) charts were completed accurately with no gaps. All medicines were reviewed by the GP every six months or as required.

Each person's preference for how they took their medicines was documented. There were protocols in place for the use of 'when required medicines' (prn) and homely remedies, all of which had also been signed by the GP. Opened medicine boxes were all signed and dated to show when opened. The stock was audited on a daily basis and staff signed a checklist after administering medicines to confirm they had followed the process correctly.

To further reduce the risk of errors all medicine administration was witnessed by another member of staff. The registered manager confirmed that they had not had a medicines error for about the last three years. The GP we spoke with said "We go through everyone's medicines regularly and we are always trying to reduce people's medicines where appropriate". The pharmacist we spoke with said "They are very careful about auditing their medicine processes regularly".

Is the service effective?

Our findings

People were cared for and supported by well trained and highly skilled staff. The registered manager oversaw staff's training needs through a detailed on line training record and was meticulous in ensuring all staff undertook all the necessary training. There was a focus on staff training which meant that every member of care staff at the home had successfully completed the Care Certificate and those on induction were immediately signed up to it. The Care Certificate is awarded to those staff that have completed training in a specific set of standards that demonstrates they have the relevant knowledge and skills.

To further enhance the skills of the care staff they all also had, or were working towards, the level 2 diploma in Health and Social Care. Alongside this staff had also completed training the provider deemed as mandatory together with training in specific areas that helped them better meet people's individual needs such as epilepsy, diabetes and coeliac care management.

A member of staff said "Training is excellent here. We can ask for specific training and we get it". For example a person had a specific condition that staff felt they needed to know more about, training was requested and supplied so that staff felt more confident at dealing with the condition. The identification of training requirements was seen by the registered manager and the provider as key to providing the best possible care. For example a person that may be coming to Stroud Lodge in the near future had very specific needs. The training required to meet those needs had already been identified and planned before the person had arrived. Staff were therefore going to be fully prepared to offer the best support to this person.

All staff we spoke with agreed that they had sufficient training and it was of a standard that equipped them with the ability to support people well and with confidence. Staff said their training had helped them improve the outcomes for people living at Stroud Lodge. For example since 2012, four people no longer needed their 'when required' medicine. This was because staff had the skills and knowledge to support them in how to develop ways to manage the times they became upset or anxious without the need for medication.

People living at Stroud Lodge also had access to training. Training included topics such as First Aid and 'Keep me Safe' training. The registered manager explained how the training had really helped to build people's confidence and self-esteem. For example one person really enjoyed showing people their new skills such as how to put someone into the recovery position and contact the emergency services. People having access to training also helped improve their quality of life when they moved out of the home and into supported living services. Giving them confidence to keep themselves safe and those around them.

All new staff underwent an induction programme within a six month probation period. There was evidence of regular one to one meetings known as supervisions and appraisals. The registered manager confirmed that each member of staff had six supervision sessions a year and an annual appraisal. Supervision records seen evidenced their frequency and contained feedback about any areas of improvement or support needed. The meetings were also used as a tool to check and confirm staff's ongoing competency at various tasks, for example medicine administration. The registered manager was keen to ensure teamwork was also

enhanced by encouraging peer support. One member of staff said "We are a close team here and we are all very supportive of each other". Another member of staff talked about how the staff team felt like a family.

People's consent was sought before care and treatment was given and they were completely involved in making decisions about their own care. Records detailed people's wishes for their care and treatment. Each person's care plan contained consent to care form that was completed and signed by the person. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All staff had completed relevant training in MCA and understood their role in protecting people's rights in accordance with this legislation. We checked whether the service was working within the principles of the MCA and found that they were.

During the inspection we saw one person asking if they could undertake a certain activity that may not have helped them in achieving their long term goals. The member of staff they were speaking with took the time to explain their options including the risks and benefits. The person was able to make up their own mind but was supported by being given all the relevant information so that they could make an informed choice.

We also checked whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations were in place for one person. This had been reviewed recently. For the other people in the home there was recorded evidence that most of them were not able to come and go on their own. This was because of the potential risks to them. However time had been taken by staff to explore people's capacity to understand why there was a need for them to be accompanied by a member of staff when leaving the home. Detailed records evidenced that they had understood and agreed to this. One person said "I like to go into town; I need someone to come with me though because I can get lost".

On the rare occasion where physical intervention was needed it was applied with care and by well trained staff. Any incidents of physical intervention were documented in detail. After each incident the team undertook a debrief to ensure everybody felt supported and to explore consideration for what would have happened if restraint hadn't been applied. This ensured it was being used proportionately. There was also a discussion around the triggers that indicate a person may become distressed and how to de-escalate incidents quickly with the aim being to reduce physical interventions as much as possible. The registered manager confirmed that the need for physical intervention had fallen from 21 times a year in 2012 to a current average of seven times a year.

Meal times were relaxed and informal with people coming and going between the kitchen and dining room preparing their food. The staff said that there were no set meal times. People chose when they wanted to eat. People said they enjoyed their food. The menu was chosen by them at their weekly meetings however people and staff confirmed that the menu –was not rigidly followed and they often decided on what they wanted to eat on the day and depending on what they had in the fridge and cupboards that day.

There was lots of literature available about healthy eating including posters on the kitchen walls. People with specific dietary requirements such as diabetes, were well informed about their diet and could confidently explain what they should and should not eat. If they were not sure we saw them checking with

staff. There was evidence of several people who had lost significant amounts of weight due to their increased knowledge in healthy eating and they were obviously very proud of their achievements as were the staff.

People had access to ongoing healthcare support as needed. One member of staff was responsible for overseeing the daily appointments such as dental and GP appointments. Each person had an appointment sheet so that it was clear who needed to go where and when. All health reviews by healthcare professionals fed into people's plan of care. For example one person was advised by their GP that they needed to increase their fluid intake and this need was immediately inserted into their care plan so that staff were made aware and could support the person to achieve it.

People had also helped to develop their own leaflets and booklets on specific conditions such as diabetes and health awareness issues such as breast examinations. Staff told us how useful these were in helping to explain what can sometimes be difficult issues to people; it also helped people relate to others who were affected by certain healthcare issues. A healthcare professional said "they [staff] know people so well and make sure they get what they need when they need it. They are always thinking ahead and planning how to help people understand what is happening to them and why".

People were very much involved in the design and adaptations of the home. For example some of the kitchen counter tops had been changed to a lower level in order that a person who was blind could sit at the counter and help to prepare their meals more easily. This adaptation was also helpful for visitors to the service who used wheelchairs. The counter tops were chosen by one of the people living in the home. We were also shown how people had been involved in the colour and design of aspects of the garden including the fencing. This was done by people during a 'fence painting' party. Every person had a photographic record and a social story in their care plans about their input in regards to their room and the home. This helped them remember what they had achieved and gave them a sense of pride and ownership of their home. In one person's records a series of photos and comments related to their bedroom to show how they had been involved in its decoration and design. In one section the person explained how they had chosen the colour blue because it reminded them of the sea. In another section they talked about how pictures and objects they had hung on the walls helped remind them of people they loved.

Is the service caring?

Our findings

People at Stroud Lodge appeared happy and confident. There was a lot of laughter when we were there and people were busy just getting on with their day and their activities. People were very keen to tell us what they had achieved since being at Stroud Lodge. They showed us their garden and the vegetable patch they had created. A person also took us to their room where they talked about how they designed their room and how the staff helped them.

A healthcare professional said "The people are really well cared for and staff have a good insight into their needs. It is the best home I have ever had contact with". Another healthcare professional said "I wouldn't have any hesitation about a relative of mine living there".

A relative said "They [staff] are wonderful; everything about Stroud Lodge is wonderful". Another relative said "He [service user] is always happy to come home but he is always really happy to go back. Staff are the most caring and professional"

We observed how staff interacted with people and saw how they cared for them. One person said "We are part of a family here, it makes me feel happy".

Staff told us that they were always looking at ways they could support people and help them have happy fulfilling lives. This was demonstrated to us in a variety of ways but included taking the time to have quiet one to one moments with people. These were called 'one minute moments', although the registered manager said that they often ended up being longer than a minute. This was an approach that ensured staff set aside time in their day to 'check in with' people. It gave people the time and space to express their feelings without interruption and knowing that they had a staff member's undivided attention. We saw how this was utilised with effect when a person was worried about something but didn't want to discuss it openly.

People had developed in confidence because of how the staff cared for them. This was evidenced through the records and photographs kept of each person's achievements. Staff were constantly praising people for these achievements and encouraging them to achieve more. For example one person was going to a dance competition and the staff took the time to watch them practice, offer advice and encouragement and even joined in.

We were told about a person who when they first arrived at Stroud Lodge was reluctant to speak and was quite withdrawn. A staff member said "At first I thought they were rude because they wouldn't speak or answer you. But listening is the key. It can take a long time". By listening they discovered that this person needed a considerable amount of time to process what people were saying to them and to respond. From this, staff began to identify the person's needs and how best to support them. Eventually the person responded positively to being given the space and time to communicate and be understood. Their confidence developed to such a level that they performed in a play in the local community. This year they entered a football tournament at another home and made a winners speech during the awards.

Another person was moving to a different home to be nearer family. In order to help them with this difficult transition staff had spent time with them making a photo board so that they could bring this with them to their new home and remember the staff and people at Stroud Lodge.

People had access to a directory of advocacy services. Advocates are people who provide a service to support people to get their views and wishes heard. The Stroud Lodge Directory let people know where they could access advocacy support if needed.

People were supported by staff who knew them really well. A member of staff said "I'm here for the service user". Another member of staff said "It's my job to help people achieve what they want to achieve and I can only do this if I take the time to know them really well".

Staff demonstrated their knowledge of people through their interactions and always had the goals people wanted to achieve at the forefront of their mind. Each interaction between people and staff was seen as an opportunity for learning and achieving but undertaken in a caring way. For example a person was discussing a specific weight loss diet they wanted to commence. Staff helped them understand the possible impact this would have on their health and offered guidance on other healthier options. This was done in a respectful non directive way so that the person did not feel that they were being told what to do but that they were part of a conversation with staff that cared about their health and wellbeing.

From spending time with one person staff became aware that they had a real love of newspaper clippings so for their birthday they created a book that contained a variety of newspaper clippings all related to the day they were born.

People were treated with the utmost dignity and respect. All staff we spoke with emphasised that this was the person's home and they just happened to be working in their home. Staff took the time to talk with people about what they wanted to do and asked permission before supporting the person in anyway. At one point during our inspection we saw a person becoming upset and distressed because of an upcoming event. The staff handled it with sensitivity and respect. They took the person somewhere private so that they could speak with them without other people overhearing the person's concerns or seeing them become upset. Afterwards the person appeared a lot happier and calmer and was seen laughing and joking with the staff.

People we spoke with felt that they were important and that their views were considered and taken on board. One person said "I like it here. I am able to tell them what I think and they listen".

People attended regular meetings where they could give their opinions and feedback. For example during a service user committee meeting a project was discussed and then developed called 'The Peoples First Choice Directory'. This was a directory listing the skills and interests of people across all of the provider's homes who would be willing to provide a service for other people related to that skill or interest. People living at Stroud Lodge had participated in this and had offered services to other people such as cleaning cars, running a disco and gardening. The registered manager said that the disco had been used several times when holding events. This helped to demonstrate that people and their skills were valued.

Is the service responsive?

Our findings

People were provided with care and support that was tailored to meet their specific needs. The registered manager said that one of the main goals for the staff was to provide people with the tools and support to lead as independent and happy a life as possible.

People's care plans were written in such a way as to put the person at the centre. Each person had a 'living the life' goal chart. This set out what people wanted to achieve and how it would be done. For example one person had the goal of being able to sew buttons on; the goal was broken down into small achievable steps so that this started with the goal of threading a needle and ended with them being able to sew buttons onto clothes. There were also daily observation charts so that staff could monitor how people reacted in specific situations and what was most effective at helping and supporting them. For example one person was seen to benefit from a walk around the garden when they were becoming upset or anxious.

The registered manager was currently developing an audio care plan for those people with sight problems to ensure they were fully involved in planning and directing their own care.

People had monthly key worker meetings where they could review current goals and set new ones. People were encouraged to lead on their own reviews and goal setting. A member of staff said "I love seeing the smile on people's faces when they've achieved something". Staff were always looking for ways to better respond to people and improve the quality of their life. For example one person would not leave their room when the fire alarm sounded during fire drills because of their anxiety. The staff decided to make this person the fire marshal and give them the role of taking the register to ensure everyone had left the building. This person now leaves the room when the fire alarm sounds with no problem and staff told us they enjoy their new responsibilities.

We were told about one person who refused to eat and could not complete their own personal care when they arrived. Over time their key worker set small clear personalised goals and now they ate healthily and were completely independent with their personal care. The person told us "They [staff] say I have done a good job".

Another person, when they arrived at Stroud Lodge, had never been into the community or been on holiday. Through careful consideration of their specific needs and how best to respond to them the staff found that consistency of approach was the key and that the person thrived on praise and encouragement. This person now goes out with staff into the community and had their first holiday about three years ago. Staff told us what it was like when this person (who had not been told in advance that -they were going on holiday), was shown into their room and saw that -their suitcase had been packed. They said that the joy on their face made some of them cry.

Staff encouraged people to look back at their achievements and celebrate their successes. The registered manager explained that seeing how far you have come encourages and motivates you to do more. People's 'living the life' folders contained photos and pictures that helped to bring back memories of personal achievement and progress. This could range from someone's success at learning to brush their teeth

independently to a person attending the theatre for the first time. When we looked at these pictures and spoke with people about them it was clear how proud they were of their achievements and how it encouraged them to reach more goals. One person said "Look at what I did. I knew I could do it. They [staff] told me I could".

People's ongoing relationships with their family and people important to them were supported and prioritised by the staff and registered manager. People frequently went out for overnight stays with family. On the day of the inspection two people were being taken home to stay with their family for the weekend.

Relatives were involved in all aspects of the person's lives and people were supported to maintain relationships that were important to them. The registered manager said that if for some reason the family could not visit the home then they would pick them up or drop them home as needed, no matter where they lived in the country. We were told about a family member that lived in another county. The home would arrange a driver to take this family member all the way home to ensure contact with their relative could be maintained. They would also visit people's family in their homes to undertake reviews so that they could be involved. Video conferencing or conference calling was also utilised as necessary.

A monthly newsletter was sent out to families informing them of what was happening in the home and how their relative was doing. Each newsletter was individualised for each person living in the home. The people had given their consent for this and were involved in devising the content. The newsletters contained information about what activities they were currently enjoying and recognised any achievements they had made or goals they had reached. For example in one person's newsletter it informed their family about their recent weight loss achievement and their goal of going Christmas shopping which had been achieved.

One relative said "I feel included in everything. I love the newsletter, it was a real surprise. They invite me to all the parties and are never off the phone telling me how [the person] is doing, they really are the best".

The home had developed an activities team rather than assigning activities management to one or two staff. The registered manager said it worked really well, encouraged teamwork and promoted a philosophy that activities are everybody's responsibility. Since this development there had been a significant reduction in physical interventions required. The registered manager felt that this was in part because people were more fully occupied.

Each person chose from a variety of activities on offer and also had their own personal list of preferred activities, such as attendance at the theatre or theme parks. Activities were planned a week in advance but there was built in flexibility according to what people wanted. People were asked about what activities they would prefer at their weekly meetings. One person said "I go to town and the sea side and my favourite is theme parks".

Activities were also part of people's goal setting and therefore they were discussed at their key worker meetings. One person told us "My goal is to go into town on my own." The deputy manager explained that they were using graded exposure for this person to gradually increase their confidence and independence. We were told about how a gardening competition had been set up to improve the look of the garden. The registered manager explained the positive impact this had on people, how they spent time on the internet planning and the hours they spent enjoying gardening. One person had smoked for about 50 years but because of their enjoyment and focus on gardening the staff noticed his smoking had reduced until one day he stopped altogether. One person told us "It's good to get fresh air, I really like the garden now".

The home were developing a service user activity team which would mean that people would take over the

majority of the planning of activities including the budgeting and sourcing of them. When we spoke to people about this they said they were very excited about being in charge of the activities. They were keen to get going. One person said "I want to help other people do what I know to do". The registered manager explained that people would receive the relevant training to equip them to undertake this role. This would give people more accountability and responsibility for their activities, increase team working and the development of organisational skills.

The registered manager was part of the activities champion network in Gloucestershire. This is a group sponsored by Gloucestershire County Council. The aim is to have regular meetings, open to all staff working within social care, to discuss and promote the value of meaningful engagement. This had allowed for exchanges of ideas and best practice approaches. For example a recent meeting had discussed ideas around spontaneous activities and how to craft objects that are found around the home. These ideas could then be tried in the home.

There were strong links to the community. Whilst we were there the local vicar was visiting and she explained how her local church and Stroud Lodge were connected. Two people attended the church regularly and helped set tables and chairs out every fortnight for church meetings. One person was told, whilst we were there, that they could be a server in the church once the risk assessments and training had been done. They were extremely pleased and excited and made sure they let all the staff know about their new role. Another person had a job at a local community centre.

Some people were part of the service user committee. This was made up of nine people representing people from all of the provider's homes. A meeting was held every 3 months. We looked at the service user committee meeting minutes for September 2015. Topics were discussed around keeping the policy folders updated, service user training and expert auditor induction. Not only did this ensure people were part of the planning for all aspects of the service but it had the added benefit of allowing people the opportunity to make friends and develop relationships outside of their home.

To further promote social inclusion people had been encouraged to arrange some of their own events and to invite friends from other homes. For example they had already organised a coffee morning and some quiz evenings. They had linked up with another service provider, Brandon Trust, for some events. This had been another way people could meet new people and make new friends.

People and those important to them had a say in all aspects of the running of the home. For example as a result of people's feedback the home had developed a computer room and had put a television in the dining room. The registered manager said she personally would not have wanted a television in the dining room however she recognised that it was their home and so they had the right to decide how they wanted to live in it. The monthly newsletter update was developed from feedback from people's families who said that they would like some form of written regular update. People could also give feedback or raise concerns anonymously on the provider's website.

We looked at the home's complaints records. The registered manager explained that they had not had any complaints since 2013 when a person had complained that the meal was too small. We could see that this had been addressed and actioned appropriately. There was an easy read complaints policy in place so that people understood how to make a complaint if they wished. People we spoke with understood that they could complain and how to do it. One person told us "If I don't like something I'll say".

Is the service well-led?

Our findings

The home had the benefit of strong focused leadership. The registered manager was supported by a deputy manager and assistant manager. There were also three team leaders. The registered manager said that she had an excellent relationship with the management team and staff in the home and that they were all comfortable about being able to challenge each other's practice as needed. A relative told us "I can't fault her [registered manager] she really cares about everybody who lives there and her staff". A member of staff said "She is always looking for ways we could do even better". During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living there and her staff team. Any question we asked was met with detailed information.

The registered manager said she was extremely well supported by the provider. She had a six weekly supervision and annual appraisal with the area director where her performance was looked at and any personal development plans could be discussed. The registered manager also said that they work on a buddy system with other registered managers to encourage learning and support. There was also an annual staff conference that allowed for networking with other managers.

The provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They had introduced 'The Choice Care Group Academy'. This had been set up in 2010. The academy ran three management development programmes suitable for beginners to more senior staff. The academy was run by managers within the provider organisation and the registered manager of Stroud Lodge was a trainer at this academy. Two staff members from Stroud Lodge had completed management development programmes. This resulted in one member of staff undergoing several promotions within the home, eventually achieving a management position in another of the provider's homes. Staff told us that they saw their role as a career rather than a job, one staff member said "I know they [provider] will support me to achieve more".

The registered manager was an 'I care Ambassador'. This meant that she was part of a national team of care staff who go out into the community, visiting schools and colleges for example, to talk about what it is like to work in social care. The aim being to help people understand the role better and possibly encourage them to consider a career in social care. The taking on of this role by the registered manager allowed not only the opportunity to promote adult social care work as a career but enabled her to gather feedback on the public's views of care and reflect on her practice.

The registered manager explained that her core value was that "people came first". She said that "the home is run by the service user". The provider information return stated that the provider values, such as integrity, excellence and respect were promoted with the staff frequently.

This included discussing values before each training session, so that they were embedded in everything that the staff did. The staff we spoke with were clear about the provider values and that people were what mattered. Observation of their interactions with people and each other further supported the fact that these values were lived by the staff.

The registered manager said that one of the key challenges facing the home was caring for and supporting people who were growing older. She recognised that this would bring about different needs and had started to consider how this was to be managed going forward.

All the staff said that they felt well supported by the management team and that they were happy and comfortable at feeding back issues and concerns. They confirmed that they were listened to and included in any developments in the service. A member of staff said "The manager is very good; she has a very good knowledge but always listens to your opinion". The registered manager said it was important to encourage an open dialogue and give staff a sense of pride in their job. From talking with staff there was evidence that everyone was working towards the same goal. The staff, led by the registered manager, were all focused on the people they supported. All staff we spoke with felt extremely well trained, well supported and knew what their primary aim was – to support people in living happy fulfilling lives.

People and staff were seen as an integral part of developing and shaping the service. The registered manager explained how she sought ideas for improvements from people, family and staff. Their feedback was captured in a variety of ways including surveys, and regular resident and staff meetings. All these meetings were undertaken regularly, notes taken with a clear action plan. Examples of topics discussed at meetings were food, activities, environmental adaptations and staff development. Changes and developments such as certain activities, the computer room, the family newsletter and the reading room came about from feedback from people and staff at these meetings.

We also looked at the provider satisfaction survey for 2015. This covered people, staff, relatives and the management team from all of the provider's homes. All of the findings were extremely positive.

As well as formal methods of feedback the registered manager encouraged informal feedback. She had an open door policy and during the inspection people and staff were constantly in and out of her office to ask her questions or just for a chat. She said that her team worked really well together and staff we spoke said that they felt part of a family.

If staff were concerned about anything they saw or heard that might impact a person's safety they all said that they would be comfortable and confident to whistleblowing. Whistleblowing is a way in which staff can report any concerns they may have anonymously. Staff were all given a whistleblowing card when they started at Stroud Lodge. This had the relevant contact details including the direct number of the Director of Operations together with the CQC number. A whistleblowing policy was in place and staff were expected to sign to say they had read and understood it. The provider website also included a facility to whistleblow which went directly to the Chief Executive Officer.

People had a suite of easy read policies within the home that helped them understand why certain processes and protocols were in place. These policies included 'keeping safe', 'choosing staff' and the 'Mental Capacity Act'. This access to information enabled people to feel more confident at challenging practices both in the home and in the community. It also helped to set out the expectations people should have of the home.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a monthly monitoring visit from the provider and four audits a year from an area director. There was also an annual finance audit by the provider.

The registered manager herself audited many of the processes and records relating to the care and support of people within the home. This included handover, mealtimes, medicine management and people's care

plans. Action plans had been developed from the audits and these results had been used to drive improvements. For example an audit of an aspect of people's care plans raised concerns with the registered manager about some of the language used by staff to describe certain behaviours. This resulted in identifying a training need for staff and this in turn led to the development of prompts to help staff find more suitable words when describing certain challenging events.

This level of audit scrutiny helped contribute to the lack of medicine errors. There had been no medicine errors within the home for the last three years. Stringent quality assurance audits also ensured that people's care plans were always an accurate reflection of where they were in their goals, achievements and all other aspects of their care. It was noticeable on inspection that the documents related to people's care and support were being constantly reviewed and updated to reflect people's changing needs. The registered manager explained that this could sometimes be on a daily basis.

Audit was not just the responsibility of the provider and registered manager. This work was also undertaken by an expert auditor. The expert auditor role was taken up by people that were living in one of the provider's homes, or had lived there at some point. Their job was to help the service gain a greater understanding of what a service looked like from the perspective of people that live there. This was a paid role and the person received support and training to undertake the role. The expert audits were completed every three months. The auditor would write a report and send their findings to the registered manager and the area director. Any actions identified would be completed by the registered manager. The registered manager explained that one of the people living at Stroud Lodge had recently applied for the role. We looked at the result of the expert audit of Stroud Lodge in November 2015. There were no actions required and the service was found to be excellent.