

The Orchard Trust

The Orchards

Inspection report

Stowfield
Lower Lydbrook
Gloucestershire
GL17 9PD

Tel: 01594861137
Website: www.orchard-trust.org.uk

Date of inspection visit:
31 July 2019
01 August 2019
02 August 2019

Date of publication:
03 October 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?	Outstanding ☆

Summary of findings

Overall summary

About the service

'The Orchards' residential care service consisted of two homes on the same site; providing accommodation and personal care to up to 20 people aged 16 and above. People living at the service have a range of needs relating to learning disability and/or autism, physical disability and/or sensory impairment. Some people living at the service also have complex health needs. The Orchards (home) provides residential care for up to six people and Offa's Dyke provides residential care for up to 14 people. At the time of our visit six people were living at The Orchards and 13 people were living at Offa's Dyke.

The service was developed and designed before Registering Right Support came into existence. Despite this, the service was run in line with the principles and values that underpin Registering Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was large, both homes were located on a single site on the outskirts of Lydbrook in an area of outstanding natural beauty. The site had a fully accessible woodland walk, small-holding, sensory garden, activity park, learning centre and therapy centre with swimming pool and floor trampoline (rebound therapy). The on-site facilities were used by many local providers, for example for dementia walks, which brought the local community in, creating a dynamic and stimulating environment. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate there were care homes on-site. Staff wore everyday clothes when supporting people at home and when accessing the wider community with them.

Offa's Dyke was bigger than most domestic style properties, providing accommodation for up to 14 people. This is larger than current best practice guidance. However, the size of the home having a negative impact on people was mitigated by the design of the home, which was made up of two distinct houses (Silver Birch and Oak House), joined by a common entrance hall. Offa's Dyke was purpose-built and provides accommodation for up to seven people in each house. Offa's Dyke and its garden are fully wheelchair accessible. The houses are equipped with hoists and other specialist equipment suitable for people with profound and multiple disabilities. Accommodation is provided on the ground and first floors with a passenger lift to the first-floor bedrooms.

The Orchards are located five to 10 minutes' walk from Offa's Dyke. This consisted of two adapted semi-detached cottages, (The Orchards 1 and The Orchards 2), joined by an internal connecting door. Each cottage housed three people, with accommodation provided over two levels. Ground floor bedrooms were suitable for wheelchair users. Two bedrooms, with en-suite bathrooms, were located on the first floor in each house. The first floor was accessed via stairs.

People's experience of using this service and what we found

The provider and registered manager had created a positive, caring, person-centred culture where innovation was encouraged and fostered. People were cared for by staff who felt supported and valued and loved their role. Staff knew people exceptionally well and showed insight into their needs, they were able to use their knowledge to assist in developing the service as their ideas were welcomed and encouraged.

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. The service was fully inclusive, people were involved in deciding who worked with them. Staff recognised people's strengths and people were enabled to use these. For example, to improve services for themselves and others.

People felt safe and knew their needs would be met with respect and dignity. They were confident in the staff who supported them, describing them as "friends". Staff were trained to meet their needs and had been recruited safely. Risks to people were managed through detailed person-centred support plans, timely involvement of health professionals and regular reviews of their needs.

People benefitted from a service which was effective in meeting their complex needs and in promoting their health and well-being. The staff team had formed working partnerships with specialist teams and other health professionals to achieve positive health outcomes for people with significant health challenges. The quality of the service and staff contributions to successful outcomes, were commended by commissioners and health professionals alike.

People were cared for by a staff team who worked flexibly to meet their needs, both in times of ill-health and to improve their everyday lives. One person said, "Sometimes I need to have a chat with the staff about personal things and they are really, really understanding. It's quite special to feel that I can do that." Staff were sensitive and responsive to people's relatives, other people living at the service and to each other, when people reached the end of their life. One relative said, "They [people using the service] are looked after so well you can't believe it."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff used a variety of techniques to communicate with people, enabling them to make their wishes and goals known. People were supported to have a good quality of life, to experience activities they enjoyed and to maintain relationships with people who were important to them. Staff were proactive in overcoming barriers related to people's disabilities. People's feedback about the service was sought regularly and they were confident their views would be respected and responded to positively, including complaints.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills, become more independent and enjoy life. Support was tailored to the person's needs and abilities. For example, increasing their independence through assisted technologies and supporting them to learn, work and follow interests that were meaningful to them. One person said, "I really do enjoy the fun I have here."

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

Rating at last inspection

The last rating for this service was 'Good' (published 21 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

The Orchards

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector.

Service and service type

The Orchards is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two people's relatives about their experience of the care provided. We spoke with ten members of staff including the chief executive, registered manager, deputy manager, three team leaders, three care workers and a member of the administrative team. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought feedback from the local authority and professionals who work with the service. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people's relatives had no concerns about safety at the service. Their comments included, "I feel he is safe here. It's a nice family feeling" and "I like the staff, they are good to me."
- People were supported to keep safe as staff ensured their rights were upheld and followed the systems and processes in place to protect them. All staff we spoke with had a good understanding of safeguarding procedures including the roles of outside agencies. Staff knew how to identify signs of abuse and understood how to protect people from harassment and discrimination. For example, one staff member told us how they stepped in during a person's transition to the home to ensure appropriate staff interaction took place.
- The registered manager worked with the provider and relevant agencies to safeguard people. For example, when people were unable to manage their money independently, appropriate support was provided through referral to the local authority support team.

Assessing risk, safety monitoring and management

- Risk assessments were completed and reviewed regularly. Support plans were in place to manage risks to people, while taking their individual needs and preferences into account.
- Referrals to health care professionals were made very promptly, and their advice was acted upon. Support plans referred staff to detailed advice from health professionals.
- Changes in people's support needs were communicated effectively within the staff team and shared with people's close relatives to keep people safe.
- Where people required support with health-related needs, such as epilepsy, support plans were detailed and informative to assist staff to respond appropriately to emergencies. Staff kept detailed records of seizures which were reviewed to ensure any patterns were identified. These records informed care reviews and enabled staff to avoid incidents proactively. For example, we observed staff, both in The Orchards and Offa's Dyke, cooling people's environment to reduce the risk of them having a seizure at high risk times.
- Health and safety checks and cleaning schedules were completed regularly. The required environment and equipment safety checks were up to date and appropriate risk assessments were in place. Repairs or replacement had been carried out promptly when issues were identified.
- A record of incidents and accidents was kept and these were reviewed for trends.
- Staff were trained in fire safety and first aid. Emergency medical help was sought appropriately.
- People's needs in the event of an emergency/unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment

- People were protected from those who may not be suitable to work with them and had a say in who supported them. People were routinely involved in staff interviews and required pre-employment checks were completed before new staff started work. A comprehensive staff induction and six-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe. During this period, the suitability of new staff was monitored, for example, through feedback from people they supported and other staff members.
- There were enough staff with the right skills and experience to meet people's needs. One person identified specific times when they had not attended activities that were important to them, due to unplanned staff sickness. But they also told us about extra special occasions staff ensured they got to. We saw staff worked hard and were busy much of the time, as a lot was going on (attending activities and appointments) and people had complex support needs. In quieter times, such as early evening, we observed staff relaxing outside with people who were clearly enjoying their company and the friendships they had with each other and with staff.
- People were supported by a stable and experienced staff team who knew them well. Regular staff covered staff absences, or temporary increases in staffing needs, whenever possible, supported by a regular staff bank team and managers when needed.

Using medicines safely

- People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' medicines had been followed.
- Staff who administered medicines had received training and their competency was checked regularly. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection

- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials.
- Personal protective equipment was available for use throughout the home and an infection control audit was carried out monthly. Any improvements needed had been acted upon.
- Staff completed food hygiene and infection control training and there had been no infection outbreaks at the service in recent years.

Learning lessons when things go wrong

- Few significant incidents had occurred at the service since our last inspection, but lessons learned from the provider's other services had been shared and implemented at the service.
- Accidents or incidents were reviewed by the management team and actions were taken to help to reduce the risk of a repeat. For example, following a medicines theft, the registered manager reviewed the systems in place to ensure medicine storage and checking arrangements allowed any theft to be investigated.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People experienced a service where their needs were anticipated and provided for which promoted their physical, mental and social well-being. Staff's in-depth knowledge of each person was evident in individual support plans, including one person who was 'new' to the service. The team leader told us they had worked with this person "constantly", to get to know them when they first arrived. They spoke with healthcare professionals, to get person specific health advice, and "researched" uncommon disabilities online. Within months of moving this person was practising life skills, enjoying horse-riding and their 'behaviours' had reduced significantly. One staff member said, "He's actually a totally different man".
- People were supported in line with best practice guidance, such as STOMP. (A health campaign to stop the over-use of psychotropic (mood altering) medication to manage people's behaviour). People's behaviours were monitored and records of these were reviewed with healthcare professionals, to inform guidance in behaviour support plans and to review the effectiveness of prescribed support and treatment. This was highly successful as no 'as required' medicines were needed to manage people's behaviour at the time of our inspection.
- Evidenced based tools were used to inform care and treatment. For example, The Abbey Pain Scale was used by staff to assess pain in people who could not communicate it verbally. One relative told us staff, the hospital specialist, pharmacist and GP had all been involved in making a new "timetable for pain relief" when their relative's needs had changed. They told us, "They [staff] record it all [response to pain relief] so we can judge what's going on." These records would be reviewed to ensure the prescribed treatment remained appropriate and effective.

Staff support: induction, training, skills and experience

- People benefitted from a service that had committed to upskilling staff, as part of a national project, with the aim of improving health outcomes for people with learning disability. Staff had completed specialist training in using telehealth equipment, an early warning score (NEWS2 - a system to standardise the assessment and response to acute illness) and sepsis, to facilitate early recognition of deterioration in people's health. The project was being carried out with the lead GP for Learning Disabilities in Gloucestershire and the county Intense Health Outreach Team (IHOT – a specialist service for people with learning disabilities with associated health problems who require intensive assessment). One health professional said, "[Registered manager] and his team have been very receptive to the input and have been fully involved in the project as they are keen to increase their own knowledge, skills and confidence to help them look after their residents even better, in a safe and effective manner. Using this equipment, they have already identified a deterioration in someone's condition and escalated it appropriately."
- Staff were highly positive about the support they received from the provider, the management team and

their colleagues. Their comments included, "Coming here, it was so welcoming on my first day. I went away thinking, 'Wow, there's something special here' and 'They don't make you feel silly for asking silly things. They value the staff here' and 'The Orchard Trust is a really nice organisation to work for'. Staff had regular one to one support meetings (supervision) to check their learning and development needs and an annual appraisal of their performance.

- All staff completed the provider's induction and basic training programme and did regular training updates at set intervals. Staff were supported to gain qualifications in social care and received specialist training to meet the needs of the people they supported. One staff member said, "It was absolutely outstanding; The best training I've ever received. We did group activities and case studies, [for example, in relation to] the mental capacity act. I've just recently had positive behaviour support, positive behaviour management and breakaway training [techniques used to support people whose behaviour may challenge]."

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

- The registered manager told us, "[Name] came to us weighing just 22kg, he is now 41.1kg. We have supported his consultant to follow a blended diet of very specialist feeds through his PEG (feeding tube). This is a huge commitment from us, there are very few people in the country receiving blended diets through their PEG. It has been researched and practiced in the USA but only recently started in the UK. The tubes are not licensed in this country to have blended diets put through them and therefore it is not general practice here. We have had to go through quite a lot of training and lengthy discussions with outside professionals, consultants, dietitians and our insurers to enable us to do this for our client". "Through having the blended diet [Name] has not only put on much needed weight but his health has improved; very few hospital admissions now whereas he was in hospital at least once a month prior to moving in and in the early days of living with us. His seizures have reduced considerably, having just one or two a month and of a lot less intensity as before."

- People were supported to eat a healthy balanced diet, prepared from fresh ingredients, and to achieve a healthy weight. People's dietary needs and choices were included in their support plans and their cultural and religious food preferences were met. Two people we spoke with were being supported to achieve a healthy weight through diet and exercise. Their mobility had improved, which had increased their independence and enjoyment of activities. One person had lost over 20kg over several years living at The Orchards. It was a pleasure to see these positive changes, they were happy and told us they enjoyed shopping for new clothes.

- Staff completed training in food hygiene and dysphagia (difficulty swallowing) and understood people's support needs. When people were at risk of choking, staff ensured their meals were served as recommended by speech therapists, to ensure they could eat safely.

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

- The service put people's needs first when managing transitions of care, reducing the potential for increased stress and anxiety through a person-led and coordinated approach. Transitions into the service typically happened over months of assessment, visits and preparation and were tailored to the needs of the person. For example, one person's family were running 'workshops' for staff in preparation for their relatives' imminent move to the service. A commissioner said, "The service we have had from [registered manager] at the Orchard Trust has been good and hopefully the future will be good for our client."

- People were supported by staff to attend hospital appointments and during any admissions. Feedback from healthcare professionals included, "People always come in with their hospital passport and other relevant documents" and "The home [registered] manager will visit any resident who is admitted to hospital to ensure that their care and welfare is maintained which demonstrates their level of commitment." One person said, "I had to have a scan. I was terrified as I hadn't had one in my life before." They told us they

were, "really, really pleased" with the support they received from staff during that time.

- One healthcare professional told us, "The team [staff] was prepared to work in true partnership with the IHOT team and I presume this courtesy and professional attitude to partnership work with specialist and mainstream services derives from the management team." This partnership had positive outcomes for people. The healthcare professional said of two people the service supports, "The senior care worker ensures that the resident has this screening in a timely fashion, therefore providing preventative and proactive care, the senior also coordinates the attendance of mainstream and specialist services" and "The resident was not distressed and the health screening was achieved".

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

- People benefitted from adaptations to the premises which increased their independence and improved their lifestyle. For example, some rooms had large 'door buttons' to open and close doors so people could go through without assistance in their wheelchair. One person was able to control their music, TV, lights and bed from their bed. One Person had a 'walk-in' bath, which they could transfer into from their wheel chair.
- Offas' Dyke was purpose built, to meet the needs of people with profound disabilities. The ground floor and gardens were fully wheelchair accessible and the first floor was accessed via a passenger lift. Bathrooms were fully accessible with a variety of specialist equipment. Bedrooms were large, with en-suite bathrooms and overhead hoists. The Orchards cottages were adapted to the needs of people living there, all rooms had en-suite bathrooms for people's personal use. The first floor was accessed by stairs. The site had extensive outdoor spaces, suitable for wheel chair users, including woodland walks, a sensory garden and fully adapted park.
- Whenever possible, decorating and significant maintenance work was arranged for when people were away on holiday or visiting family. Alternatively, if they agreed, people were temporarily accommodated in an empty room while theirs was decorated. Each room was highly individualised and decorated to the person's individual taste and preferences.

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

- The service supported people to live healthier lives, including supporting them to manage sometimes complex health needs. For example, one person needed hospital treatment several times a week to keep them well, which they understood but sometimes refused. Their support plan detailed how to manage their refusal, to avoid escalation of anxiety related behaviours, offering flexibility, yet ensuring the right health care professionals were involved promptly, to keep the person safe and well.
- Feedback from professionals demonstrated confidence and trust in the service to manage people's complex health needs. Comments included, "To date the resident has been provided with appropriate health screening that would be deemed equitable to the general population with a similar health condition. The senior care worker managing his health screening appointments has a desire and willingness to ensure his optimum health and appears to my subjective view a very organised person advocating for this resident" and "They [staff] have collected and provided information for the CHC (continuing healthcare) assessment".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in the least restrictive way possible as staff understood the principles of the MCA and the MCA Code of Practice was followed. People's capacity to consent to care was assessed by staff when developing their support plans. When people were unable to make decisions, these were made in their best interests and appropriate records relating to these decisions were maintained. A health professional said, "The staff member we liaised with [in relation to a referral to them] was courteous and ensured that the MCA and best interest documentation was correct and any restrictive procedures [were] proportionate to the risk of a serious illness not being detected and treated."
- Where possible, people were fully involved in decision-making and had signed their support plans to indicate their agreement with them. Staff checked with people before providing care, communicating in a way people understood and could respond to. People's communication plans included how to present information to the person and how they may indicate agreement or refusal, through different verbal and non-verbal responses.
- The registered manager had applied for DoLS authorisations on behalf of people when appropriate and tracked those awaiting authorisation and their renewal dates. Where DoLS had been authorised, no conditions had been specified.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who wanted the best for them and whose company brought them happiness. We observed one staff member playing guitar and singing with two people, using exaggerated mouth movements when people were unsure of the words, encouraging and praising them throughout. Both people made prolonged eye-contact with the staff member during the session and their enjoyment was infectious, as one person 'fist punched' the air and the other sang along with gusto. This staff member was a finalist in the Gloucestershire Care Provider's Association (GCPA) 2019 'newcomer' award, for the positive impact they had made on people's lives since joining the service, which was their first care role.
- Feedback from professionals and relatives was highly positive. Professionals said, "The level of compassion and observed respect for the resident and with their high prevalence of health need, suggests to me that the senior care worker cares deeply and I would gather that the other co-workers there do also" and "The staff are helpful, caring, committed and engaging." Relatives said, "I feel like they [staff] are friends. They are like family rather than people who are paid to care" and "They are so kind and good. They are dedicated". One staff member told us, "I love giving them [people] everything they deserve and giving them a good quality of life. It makes me feel good. It's really rewarding".

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

- People could choose the staff member they wanted to work closely with them (their keyworker), which had resulted in people forming strong supportive relationships with staff they had a genuine connection with. We spoke with one person with their keyworker, who told us the person never gave up trying to communicate with them and persisted until they made themselves understood. They had chosen the staff member from their first day working at the service, four-to-five years ago. We observed two people, with profound disabilities, break into huge grins when one staff member appeared on duty. They greeted each other as 'mates' would as they enjoyed the teasing and banter the staff member directed at them.
- Two staff members were finalists in the 2019 GPCA 'Support Worker of the Year Award'. One of these was nominated for the way they had gone above and beyond in supporting the person through illness and a planned operation. Changing their shifts and coming in to work early, to ensure they could attend appointments, fully understand and plan for the person's needs, reassure them and involve them in making decisions and arrangements. To make appointments more enjoyable, they took the person out for meals afterwards, staying on outside their hours to do so. The person told us, "When I came around from the second operation I had one of the Offa's Dyke staff there holding my hand as I was in so much pain. I couldn't praise them enough as the staff came in every day."

Respecting and promoting people's privacy, dignity and independence

- People were able to engage with staff on their own terms, in a timeframe set by the person. One person's relative told us a new staff member had asked them what they could do to help establish a relationship with their relative. They had advised them they were trying too hard and to let him come to them. This was written into the person's support plan and staff prompted the inspector to do this when they visited their home; This person soon approached the inspector, to help them to put on their boots, then interacted with staff and the inspector in an affectionate and playful way which was enjoyed by all.
- People were respected and their independence was encouraged. This was evident in support plans which recognised the importance of 'remaining as independent as possible' despite the inevitable decline in well-being anticipated with some people's health concerns. Support plans described people's goals and what support they needed to enable them in self-caring. Feedback from healthcare professionals included, the team have, "only observed and witnessed courtesy and respect for the residents [from staff]".
- People were well-presented and their privacy and dignity were maintained. For example, staff were careful to wipe away any spilt food and ensure people's clothes were clean after or between meals or drinks. Personal care was provided in privacy and staff understood the need to maintain confidentiality when talking about the people they supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Detailed support plans were in place to guide staff to communicate effectively with people, in a way that encouraged and responded to all forms of communication they used. For example, one person's plan described how they communicated their needs when they were well, such as how they indicated they wanted to interact with staff; The importance of responding to 'medical need phrases' they used, thereby getting treatment early and avoiding 'negative communication/ behaviours' which may indicate their being unable to cope any longer. To this end, The Abbey Pain Scale had been adapted to this person, using their phrases and actions, at each point along the five-point scale from 'pain under control' to 'very severe' to identify their pain level. This assisted healthcare professionals in devising effective pain relief regimes, using the least medication needed, which was vital due to the person's complex health needs.
- People had been supported to develop their communication skills, form trusting relationships and lead a more fulfilled life, through their interactions with staff. One relative said, "His communication has come on leaps and bounds over the last two years. He is now starting to put sentences together. It just goes to show the staff are interacting with him in a very positive way." Staff told us how the team worked with one person who had been "managed with restraint" at their previous home. One staff member said, "We interacted, comforted him, helped him, gave him security, confidence, loads of praise and encouragement". Another said, "He's doing activities like horse riding. He's got a horse called Henna. He's got a really proud look on his face [when riding]. Like he's proud to be up there. He goes out [into the community] almost every day." We saw this person give the staff member supporting them a big hug. Records showed they were repeating lots of new words, associating these with what they saw and heard, while smiling, laughing, pointing, displaying enthusiasm and happiness.
- People were supported to communicate using tools tailored to them. For example, one person was being supported to have food 'tasters' by mouth and was learning to use a red or green button, where a male voice said 'yes' or 'no', to tell staff whether he wanted the tasters, also when he wanted his medicines. This helped staff to know if they were enjoying the taster or may be feeling unwell and could be at risk of vomiting. Another person used their 'tablet' to access the internet to watch films and shop for things they wanted. They had been referred to a specialist communication centre to explore tools that could be loaded onto the tablet to help them communicate with others, who sometimes struggled to understand them verbally.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's support plans were highly detailed and personalised to support their complex needs. Some people had significant health needs requiring strict fluid and dietary restrictions and for staff to identify and respond to changes that required prompt medical attention, medication and/or other emergency treatments. One commissioner told us the service was one of few in the county, where they could place people with learning disability and complex health needs. They added, "Because of their level of training we have confidence in them. They are proactively working around [person's] behaviours. I couldn't be anything but complimentary." We saw staff managed people's complex care needs in the background, without fuss or drawing attention to them, so people's physical needs had minimal impact on their day-to-day lives. People were out and about all the time and were well known in their local community.
- People's voices were strongly evident throughout their support plans. When possible, they were involved in writing and reviewing these and had signed them along with staff and relatives involved in the process. People's preferences, interests, ways of communicating their choices and wishes were identified and described. Technology was used to good effect to increase people's independence where possible and to alert staff to changes such as seizure activity during sleep.
- People were supported by staff who believed they should be supported to live their life as they wanted. Staff comments included, "The care here is brilliant. It's so personal to the person. We're better now than we've ever been. People are living their lives the way they want to. For example, [two people's names] like going to church on Sunday and [name] chooses odd food combinations; She has it the way she wants it" and "The guys are all really different, unique and brilliant". Feedback to the service from a healthcare professional included, "Gentleman with complex needs is well supported and over the years has benefitted from the development and sustained consistent staff approach. This enables the service user to remain in his own 'home' and live in the least restrictive person-centred style. A real success story."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests were reflected in the support they received and activities they participated in which were tailored to them. For example, one person had just received a five-year service award at the shop they volunteered at. The registered manager told us this role was now part of the person's identity, as they told people about their work when introducing themselves. One person was part of the hospital user group (HUG). A healthcare professional said, "He attends meetings with us every couple of months. He is supported to attend by his mother or the carers [staff]." They also did bell-ringing and had joined a local ukulele group. This person told us about their recent trips to Gloucester Cathedral and Bath Abbey, which they had wanted to see.
- People's sometimes profound disabilities were not a barrier to them experiencing things they enjoyed. For example, some people went to 'Sailability' on Saturdays, where boats adapted for wheelchairs were provided. One person told us about their plans for trips/a holiday involving a zip-wire and motorbike adapted for wheelchair users. One person was practising a song (singing and keyboard) they wanted to sing to their girlfriend. One person went to a particular swimming session in a nearby town, so they could meet up with friends there each week.
- People's relatives were involved and felt listened to. Their comments included, "Staff always listened and involved us. You're never left out" and "We are very much 'hands on'. We still consider he's our responsibility. We're part of the team."

Improving care quality in response to complaints or concerns

- There were arrangements in place to listen to and respond to any concerns or complaints and information about the process was available in a variety of formats. Two complaints had been made since our previous inspection, one of which was in progress. In the same time period 11 compliments were received. The registered manager said, "I very much have an open-door policy for clients, staff, family members and

outside professionals to come and see me and discuss any concerns or issues".

- Complaints had been investigated as per the provider's policy and appropriate action was taken. Apologies were given and complaints were responded to positively and without prejudice. One relative told us the registered manager was "really supportive" when they had gone to him when there had been a delay in decorating their relatives' room. They said, "It wasn't long ago. They did it [decorating] when he went to Butlins. They involved him in choosing the décor."

End of life care and support

- Two people the service supported had passed away in the past six months, which the registered manager explained had been a "rough time". We spoke with one of these people's parents who visited the service during our inspection and read a thank-you card from relatives of the other person. Relatives described the ongoing support they and their relative received from staff who, "All the time she was ill, took it in turns to stay with her". Staff regularly "picked them up" to take them to see their daughter in hospital, as they had been unable to drive at the time. They said, "Thank you isn't enough" and were genuinely moved about the staff's response, telling us, "They've shed as many tears as us." They had put a memorial in the home's garden as their daughter had been so happy living there, they said, "It was heaven for her." A senior staff member and the registered manager were two of three finalists in the 2019 GCPA end of life care awards. This recognised the exceptional contributions they had made at these times.
- One person was at end of life at the time of our inspection. The service was working closely with the local hospice, CLDT and tissue viability teams to ensure this person was comfortable and well-cared for throughout. Staff carried out daily movements and massages to help maintain their comfort, ensured they ate well and maintained a good quality of life for them. They continued to have regular interactions with others, spending time in their specialist comfortable chair in communal areas and having one to one time with staff.
- People's wishes for end of life had been explored with them, or their representative/s and were documented in their support plans. These included any religious and/or cultural related needs and wishes, music they liked, people and things that were special to them.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed significant development in the leadership and staff culture at the service, over the previous two inspections. The chief executive credited this to the registered manager, who came into post at the start of this timeframe. Staff were highly positive about their work which they "loved" and told us The Orchard Trust had a reputation as a good employer, which had brought some of them to the Trust. The provider had implemented staff schemes to reward loyalty and improve staff support / wellbeing systems. The registered manager had been nominated seven times (by staff and a relative) for the 2019 'Leadership' and 'End of Life Care' awards with the GCPA and was one of three finalists in both categories.
- The Orchard Trust staff and executive team had identified their core values of, 'Kindness, Respect, Individuality and Working Together' through a series of staff workshops. Our observations and the feedback we received, showed these values were strongly evidenced at the service. Feedback included, "I do feel this is one of the best places", "Everything about this home is 10/10. They are so kind and good". Professionals said, "Absolutely fantastic. Can't fault them", "When one person had a mild seizure, staff were caring kind and gentle. It was really really lovely to see. It's a lovely place. I never feel like I am being taken out of the way". The chief executive told us, "Following the values work the Trust undertook last year, we are continuing to integrate these into HR related paperwork to ensure we recruit and retain the best staff for our clients". One staff member said, "They [people using the service] should all have that fair shot at everything. We have to give them that."
- The provider and registered manager worked openly and transparently with people, relatives, outside agencies and with their staff teams. Staff knew the provider's senior management team and were comfortable in approaching them, as they visited the service regularly. Professionals said, "They are always very welcoming, there's a lovely atmosphere. I think they are top-notch people. The management team are very good and always provide full updates. The care shown to the young person is exceptional. When you sit down with the [registered] manager, things are always explained. They are very caring and dedicated people" and "The home appears to be well led with staff and residents working together well."
- The registered manager said, "We follow the organisations values and ethos of 'people come first', working in a person-centred way with our individual clients being central to all decision-making. Our value of 'Kind' extends throughout all we do. This was demonstrated in feedback from one healthcare professional who said, "Despite us being over two hours late for the appointment, the Offa's Dyke staff made the care for this resident and the blood test [the person needed] their priority". The staff team had applied for grants and done fund raising events, team building days and cake sales to raise money for the assisted technology and sensory equipment people at the service benefitted from. The registered manager said, "It is

a brilliant place to live, brilliant place to work, with brilliant people doing brilliant things. It can be a very difficult and demanding job, but we have fun, laughter and love for the people we support."

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

- People were invited to take part in staff interviews, which involved them sitting on the interview panel, putting their own questions to the candidates and contributing to discussions about who should be employed. One person said with amusement, "I sometimes help [registered manager] with the interviews which are quite funny. He's [registered manager] quite old and forgets things and says, 'I second that' [to points the person raised]." This exchange with the registered manager was typical of several stories this person told us, all of which demonstrated the mutual respect and underlying friendship in their relationship.
- Feedback was regularly sought from all interested parties. The registered manager said, "We actively seek feedback from clients, staff, family members and professionals, evidenced in our recent surveys and do act upon that feedback to constantly strive to improve the quality of lives of the people we support". An example of this was approval for a new structure to be built, to shelter people from the elements when getting in and out of vehicles.
- People views were represented at the provider's 'Trust Our Voices' group. People were elected to this group by their peers [housemates], to put forward ideas about the way services could be improved and delivered, to represent the provider in the community and help with fundraising. Annual fundraising and social events were run by the provider, and the on-site facilities (swimming pool, rebound trampoline, sensory room, dementia walk), located within walking distance of Offa's Dyke and The Orchards, were used by many local providers. Social events and these facilities regularly brought the local community in.
- People's relatives could access information and support through the provider's 'parents support group'. One bereaved relative said they would continue going to this group and visiting people and staff at Offa's Dyke. The home, the people living there and The Orchard Trust had been a significant part of their lives for three decades. A staff member said, "They will always be a part of the 'family'. Sessions at the group had included, 'looking after ourselves', information about the differences between children's and adult care services and the telehealth project. Information was also accessible through the Trust's social media pages.
- The chief executive met with registered managers of all the Trust's services and staff representatives each month, where ideas and feedback were shared both ways. All provider-level changes went through the staff communications group, for staff feedback and amendment before implementation. For example, revised staff surveys, new values-based interview questions, staff supervision and appraisal forms had been considered. The chief executive said, "Everything is run past the staff reps."
- Staff felt valued and cared for in their workplace and loved their jobs. They expressed pride in the service they provided despite the difficulties they had faced in recent months, due to the deaths of two people they had supported for many years. One staff member said, "I'm really happy with the standard of care. In the last few months we did amazing in the situation. We all took it really personally, like losing a member of your family. I was offered and accepted counselling". The registered manager told us, "We are way below national average staff turnover. Staff are working for us because they care and want to work for us."

Continuous learning and improving care

- The provider was improving their governance systems, in line with CQC 'Key Lines of Enquiries (KLOE)'. The chief executive said, "As part of our KLOE audit project we have been looking at effective ways the Trust can respond to the various guidelines issued by CQC, NICE, DoH, Skills for Care etc, in reference to the varied services we provide." In progressing this work they had responded to recommendations in CQC reports, including 'Smiling Matters', to ensure people received good oral care. They had proactively trained all staff in oral health care in 2018.

- The provider was committed to improving the service people received and used a variety of approaches to achieve this. An action plan was in place to respond to areas for improvement within the service, identified through existing audit systems (infection control, Health and Safety, finances, medicines) and surveys. All support plans, incidents and accidents were signed off by the registered manager and a monthly manager's report was sent to the provider. The management and executive teams attended relevant care conferences and were active members of GPCA. The provider was involved in running the county-wide 'making activities matter' workshops and part of the Gloucestershire 'Proud to Care' initiative.
- The service was part of a national project looking at health inequalities for people with learning disabilities. This aimed to evaluate whether a proactive approach (wellness monitoring) would result in earlier medical intervention. Through early intervention, they hoped to help people who may be in pain or suffering, get treatment sooner, potentially reducing hospital admissions / morbidity and mortality in this vulnerable population. While this was still in the early stages, it had already resulted in early intervention, following deterioration in one person's condition.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager and provider understood and acted on the duty of candour. They worked openly with people and their relatives and all relevant agencies. For example, in response to a medicine's theft at the service the registered manager informed CQC, the local authority and the police. They carried out a full investigation and changed the systems in place to ensure this would not be repeated.
- Feedback about the service from commissioners and health professionals included, "The team was prepared to work in true partnership with the IHOT team and I presume this courtesy and professional attitude to partnership work with specialist and mainstream services derives from the management team at Offa's Dyke", "They are positive, clear and completely transparent" and "I have never had any concerns about these homes in the years that I have been in post. I have liaised with the managers and they have always been helpful".
- The registered manager understood regulatory requirements and notified us as required. They said, "I have a clear vision about the direction of the organisation and individual services [The Orchards and Offa's Dyke] and am continually looking how best to improve our service. I have a buddy, a nominated member of the Board of Trustees to whom I can seek additional support and who takes a more in-depth interest in the service". Six staff at the service who had been recognised, or expressed a wish to progress their career, were doing a specialist leadership training programme developed by the provider's training department. This would enable them to become team leaders, step-up team leaders or mentors. The registered manager told us, "we want to be the best we can be".