

Community Homes of Intensive Care and Education Limited

Orchard End

Inspection report

Orchard End
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Orchard End on 5 and 7 March 2018. Orchard End provides accommodation and personal care to 12 people who had a learning disability, mental health needs or were on the autistic spectrum. At the time of our inspection 10 people were living at Orchard End. Orchard End is based in rural Gloucestershire near the banks of the River Severn. The home has large enclosed communal gardens. The service consists of a main house and a bungalow. There were plans in place to refurbish and extend the home's bungalow. People were assisted by social care workers who assisted them with their day to day needs and a range of activities.

This was the first inspection under the current provider registration which started in March 2015. Previously the service was inspected under a previous provider name in May 2014 and had never formally been rated. While the provider name had changed the service and its staff had remained the same.

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.

The care service had been registered and in operation before the values that underpin the Registering the Right Support and other best practice guidance had been implemented. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were happy, safe and benefitted from an active and full life. People's ability to be as independent as possible was developed at Orchard End. Where possible, people were supported to take positive risks and to be in control of their care. There were enough social care workers deployed to ensure people had their one to one needs met and enable them to undertake the activities they wished.

People where possible were involved in writing and reviewing their care plans, which were tailored to their individual needs. People were at the centre of their care. Social care workers knew people well and knew how to support them with their goals. People's achievements were documented and celebrated. The registered manager and staff looked for opportunities to offer people that would help them grow, gain confidence and live a fulfilled life.

Social care workers were well supported and had the benefit of a training programme which enabled them to ensure they could provide people with the best possible care and support. Social care workers understood and worked to the values of the registered manager and the provider and put people at the heart of everything they did. Social care workers were supported to develop professionally through dedicated management training programmes. All social care workers felt the registered manager focused on their personal development, which enabled them to provide better quality support to people.

The service had a strong leadership presence. They were committed and passionate about the people they supported and were 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 safe living at Orchard End. Social care workers understood their responsibilities to protect people from the risk of harm and abuse. All staff ensured lessons were learnt from any incidents or accidents.

People were protected from the risks associated with their care and support. People were supported to take positive risks, including a range of social activities.

People's medicines were managed well through robust systems. Where necessary, people were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective. Where possible, people were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident social care workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.

People were supported with their dietary needs.

Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they choose and enjoy positive caring relationships with staff.

Social care workers knew people well and used this knowledge to support them in achieving their individual goals. People were at the centre of their care and where possible were involved in planning and reviewing their own care.

Staff were considerate of people's feeling at all times and always treated people with respect and dignity. Where people received

one to one support this was carried out in a way which respected the person's wellbeing.

Is the service responsive?

Good ●

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities and events which were appropriate for their needs, abilities and preferences.

People knew how to raise a concern and their relatives knew how to make a complaint. The registered manager and provider ensured all concerns were dealt with immediately and effectively.

Is the service well-led?

Good ●

The service was well led. The provider, registered manager and management team had effective management systems in place to monitor and improve the quality of service people received.

People's views on the service were sought and acted on.

Staff felt supported and spoke confidently about the service management.

Orchard End

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 was a comprehensive and routine inspection which took place on 5 and 7 March 2018 at Orchard End. This inspection was carried out by one inspector. At the time of the inspection there were 10 people living at Orchard End.

We requested and reviewed a Provider Information Return (PIR) for Orchard End prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On 9 January 2018 we visited the provider's regional office to meet representatives of the provider to get a better understanding of the provider's governance systems and reviewed that information as part of this inspection. We reviewed the information we held about the service which included notifications about important events which the service is required to send us by law.

We briefly spoke with three people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Following the inspection we spoke with two people's relatives. We spoke with three social care workers; a team leader; the assistant manager, the registered manager, an assistant regional director for the provider and the Chief Executive Officer of the provider. We reviewed five people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People were safe living at Orchard End. Three people when asked responded positively. One person said, "Oh, I am." People's relatives told us their loved ones were safe. Comments included: "Oh gosh. I think it's safe, I definitely have peace of mind" and "Oh yes, no concerns about safety."

People were protected from the risk of abuse. Social care workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Social care workers told us they would document concerns and report them to a team leader or the manager. One social care worker said, "Initially we need to make sure the service users are safe. If it was a staff member we would remove them. Pass the concern to (registered manager)." Another social care worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "We can whistle blow. Choice Care (the provider), have their own telephone line." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

Social care workers were supported to learn from incidents and accidents to ensure people were protected from risk. For example, social care workers talked about incidents to ensure lessons were learnt. One person had recently had an accident which social care workers had discussed how the accident occurred and the actions they could take to prevent this. These actions were discussed at team meetings and staff handover to ensure all social care workers understood how to support staff.

People were protected from the risk of financial abuse. The provider, registered manager and social care workers operated robust systems to ensure people's personal finances were managed effectively and people were protected from the risk of financial abuse. Social care workers explained how they ensured people's expenditures were recorded to ensure they were not being financially abused, this included recording all receipts.

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, this had been discussed with the person and a clear and comprehensive assessment had been documented. For example, one person had detailed risk assessments regarding the support they required regarding their epilepsy. The risk assessment documented the need for the person to be monitored in case they had a seizure and their need for their own privacy and space. To enable the person to have privacy when they required, they had a monitor which a social worker would carry to ensure the person would receive immediate support in the event of a seizure. Social care workers had clear guidance to follow to ensure the wellbeing of the person was protected should they have a seizure, including monitoring and preventative strategies.

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Social care workers understood the triggers of people's frustrations and how to assist people when they became agitated and knew how to

protect the person and others from any harm. For example, the registered manager explained how the persons support had been decreased since they moved to Orchard End by all social care workers adopting a 'low level approach' to any behaviours which challenge. One social care worker told us, "We know what he needs, how to ensure he's active and engaged. The support they need has decreased and they're really settled."

People understood the reasons for some restrictions within the home. The registered manager and social care workers discussed restrictions with each person where appropriate. For example, people were unable to use the kitchen unsupervised due to the risk to their or other people's safety. The registered manager and social care workers used the environment to ensure these restrictions were minimised. For example, some people were supported with cooking as part of daily activities. People living in the bungalow had access to a kitchenette and with support people were able to make their own hot drinks and snacks. For example, one person was encouraged to make themselves a drink and a snack as well as tidy up after they had finished.

People could be assured their homely environment was safe and secure. The service was split over two individual properties, the main house and the bungalow. These buildings were set in a large space of ground which had been secured for the safety of people. The registered manager and provider informed us that during 2018 the bungalow was being extended and refurbished. The need for this work had been identified by the service to improve the décor of the bungalow and provide more communal space for people, including a sensory room. The registered manager showed us a copy of the plans and a contractor had been sought to complete the work. The services were developing plans to assist people whilst the work was carried out.

People were protected from the risk of infection. Social care workers informed us how they kept the home clean and ensured people's health and wellbeing was protected. Social care workers discussed the systems they had to ensure soiled materials were cleaned and disposed of in accordance with the provider's policies on infection control. Social care workers had all the equipment they required such as personal protective equipment, including gloves and aprons to assist people with their personal care and protect them from the risk of infection. For example, social care workers ensured they had appropriate equipment when they assisted one person with their personal care and medicines. One social care worker said, "They are one use only, we never reuse them. We have yellow bags and everything we need."

There were enough social care workers deployed to ensure people were safe and their well-being needs were met. People were supported to access the community daily and enjoy activities within the home. Some people living within Orchard End required one to one support from a social care worker. People enjoyed spending time with social care workers within the home and in the community.

Social care workers felt there were enough staff deployed to meet people's day to day needs and enable them to access the local community. Comments included: "Yes, definitely have enough staff to ensure people's needs are met, we like to help people go out and about" and "I think we have the right amount of staff and the right skills". When necessary, such as when dealing with staff sickness the service sought additional staff from other homes operated by the provider.

Records relating to the recruitment of new social care workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that social care workers who came to work at Orchard End had the skills, experience and the character required to meet people's needs.

People received their medicines as prescribed. Social care workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, social care workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's medicines. Social care workers ensured a clear and constant record of the support they provided people with their medicines were maintained. Where social care workers had identified any gaps in the recording of people's prescribed medicines, these were acted upon and the registered manager ensured all social care workers had their competency to administer medicines assessed.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people had medicines which were prescribed 'as required' there were clear protocols in place for social care workers to assist people. Social care workers informed us where people received 'as required' medicines to help with their anxieties; these were used as a last resort. Social care workers followed detailed and personalised positive behaviour support plans.

Is the service effective?

Our findings

People were happy with social care workers. One person said, "I like them." People's relatives felt social care workers were skilled and knew how to meet their daily needs. Comments included: "The staff absolutely know what to do and anticipates (relatives) needs" and "The staff are caring and very professional. They are supportive to (relatives) welfare and general needs and sympathetic to their condition and needs."

Social care workers told us they had access to the training they required to meet people's needs. Comments included: "We get a lot of training. I do feel like I've got the skills I need. I can request training, however I've never had to"; "I have all I need (to meet people's needs). I want to learn more and I am supported to develop. Training has helped me understand about people's individuality" and "The training we receive is important, it gives us what we need."

Social care workers were supported to progress and develop by the registered manager and provider. Where possible staff were able to undertake qualifications in health and social care or carry out training courses which enabled them to develop their personal and professional skills. One member of staff told us how they had been actively supported by the registered manager to develop and undertake a new role at Orchard End. They said, "It's definitely a lot of work. (Registered manager) has been amazing with the support. I don't think I would be in the role without their support." They told us they were taking part in the provider's management development programmes and felt this was helping them develop and improve. Another member of staff spoke positively about the support they had received as a new social care worker and how support had been tailored to their needs. They told us, "I know it's hard, but we don't let it get in the way. I take everything on-board, it's a good place to work. I love it. I get supported with everything."

Social care workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Social care workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We always assume someone has capacity. (Person) we give them choice. If they have two or three options they can choose and communicate their choice, they understand" and "(Person) takes our drinks sometimes, we make sure they are not too hot. If he stole my drink, I would let him have it. It's his choice and taking it would upset him." People were supported to have as much choice and control as possible regarding their daily life. Social care workers told us how people could make unwise decisions and that they would provide them with as much support as possible.

People's mental capacity assessments to make specific decisions regarding had been clearly documented. For example, social care workers had recently identified that one person had recently had a deterioration in

their health. The person had recent infections which often led to hospital admissions, which caused them some discomfort. The service worked with the person's family and healthcare professionals to identify an clear protocol for the person in the event of future infections as well as where they should receive healthcare. This decision was discussed with the person in a one to one setting to try and identify their views and assessed they had limited understanding. A best interest meeting was arranged and a decision was made about the support the person required. Social care workers were aware of this support and followed set protocols on the day of our inspection as they had identified the person was feeling unwell.

The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living with an authorised DoLS in place this was reflected in their care plans. 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). Care plans also documented how staff should support people in the least restrictive manner. For example, one person had been identified as being at risk if they accessed the community independently. They had previously left other services they have lived at and had at times attempted to jump in water. The service had worked with the person's family and healthcare professionals and it was agreed it was in the best interest of the person to only be able to access the community with support from a social care worker.

People's needs were assessed before moving to the service and reviewed when their needs had changed. Pre-assessments that were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's health and wellbeing needs. People's care and support plans provided clear guidance in line with guidance from healthcare professionals. For example one person was living with epilepsy which could cause them to have seizures which could lead them to injure themselves. The person had additional healthcare needs. The service had sought the support of healthcare professionals and specific guidance was in place regarding the person regarding their dietary needs. The person also had their own reclining chair and equipment they required to assist their health needs. Social care workers clearly understood the needs of this person and how to assist them so that their health was not negatively impacted.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. Social care workers had identified that one person was at risk of choking, particularly following a change in their health. The service had sought the assistance of speech and language therapists who have provided clear guidance for the person. This included sitting next to the person, pureeing their food and providing food on two small plates to prevent the risk of taking too much food at once. The person was supported to ensure they did not eat too much food at once and agreement was in place. We observed the person had not always been supported following this guidance. A staff member had assisted them in a way, which while not putting the person at risk, was not person centred and could negatively impact the person's dignity. The registered manager took immediate and effective action and ensured that all staff were aware of the person's dietary guidance through staff handovers to ensure the person received the right support.

People received diets which met their dietary needs. Social care workers told us how they supported people to have a varied diet and understood the individual needs and risks of each person. For example, one person was living with diabetes and had the support of external Diabetes Nurses whose guidance helped inform the person's care and risk assessments. There was clear documentation of the support the person required with their diet and medical needs should their health deteriorate. Social care workers were aware of this person's healthcare needs and felt they had received clear guidance from healthcare professionals in accordance with recognised practice.

People were comfortable in their environment and had the spaces which met their individual needs. The provider and registered manager had identified changes to the environment were needed in the bungalow and clear plans were in place regarding building work during the summer of 2018. People enjoyed the large secure communal gardens which they could access independently and with social care worker support.

Is the service caring?

Our findings

People valued their relationships with the social care workers and felt really cared for and that they mattered. People's relatives spoke positively about the care and support their relatives received and the social care workers supporting them. Comments included: "(Relative) is extremely happy there. He is allowed to do his own thing. I'm delighted with it" and "The staff are caring and they look after him, it's the longest place (relative) has lived at." Two people's independent advocate felt the care provided was "person centred."

Healthcare professionals spoke positively about the caring nature of the service. One healthcare professional told us: "I have fairly positive views. The team are very polite, engaging and helpful (when I visit). The staff do a very good job."

People's ongoing relationships with their family and people important to them were supported and prioritised by the staff and registered manager. For example, one person's family are heavily involved in their care. Additionally this person has built positive relationships with people who have previously supported them in their life. They are supported to attend the college of one person who previously supported them. A social care worker supports the person to attend classes such as woodworking. Social care workers told us the person communicates the name of the person. Additionally social care workers support the person to visit their family members to ensure they retain their strong family links. People's care and support plans where relevant clearly documented the person's history and role their family play in their life and the importance of these relationships.

People were in control of their environment. For example, one person received one to one support from social care workers. This person had a favourite spot they liked to sit in as it gave them warmth. They enjoyed the company of social care workers, however would visual instruct them of the support they required. One social care worker was engaging with the person, however every time they went to sit down the person moved to get them to sit up. While it was clear the person enjoyed the "game". It was clear that the person's view and control of the environment was the importance of the staff. Another person living in the bungalow, freely moved around, they enjoyed telling staff "you're fired". They even kindly ejected the inspector from their communal space.

There was an often lively atmosphere within the service when people were within the homes, such as meal times and in between activities. People were supported by social care workers to spend their days as they choose. Social care workers supported people to enjoy the home's grounds and enjoy ad hoc activities. Everyone was offered the choice to go out daily, with people enjoying trips to their favourite shops, or going for a walk in the Forest of Dean. One person was feeling unwell during our inspection and when offered the opportunity to go out for a drive, refused. This person's wishes were respected and social care workers spent time with this person in the home. One person was encouraged to do things around the home if they wished. One social care worker explained how they encouraged the person to do things for themselves. They explained, "We don't want to take their skills away from them, sometimes it takes a lot of gentle encouragement."

People were encouraged to make decisions about their home and living arrangements. For example, one person was offered the choice to move bedrooms. Social care workers used pictures which explained the positives and negatives of changing their bedroom. The person chose to change their room, which they now enjoyed. The registered manager was looking to assist another person to change their room, they were supporting them to make a decision and paint the room in the colour they wished. The person enjoyed watching the world go by and with clear views of the River Severn it was felt this room would be beneficial for them.

Staff demonstrated their knowledge of people through their interactions and were aware of what was important to each person. For example social care workers told us how they assisted people with the things which were important to them. For example one member of staff told us how they supported one person with their interests and ensuring they felt comfortable and safe. The person was supported to go shopping for items they wanted, such as night wear. Social care workers supported this person with their needs and understood that the person's willingness to talk with visitors and staff changed daily. They always assessed if the person was comfortable before talking with them and asked if they would like to speak to the inspector.

People were treated with dignity and respect. All social care workers we spoke with emphasised that this was the person's home and it was a privilege to work in their home. They took the time to engage with people in ways which ensured people felt valued and respected. For example, one person was enjoying an ad hoc activity with a social care worker, this involved chasing, running and talking about the police. The person was in control of the activity and clearly enjoyed the time they spent with the social care worker. Social care workers told us how they ensured people's dignity was respected. One social care worker told us, "With care, we make sure they do as much as they can and want to, we make sure it's comfortable."

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person identified as following a specific cultural belief. Their care and support plan documented what was important to them as part of their belief and which parts of the belief system they did not always follow. For example, one person's family followed a particular religious faith. The person did not choose to practice this faith and chose to enjoy holidays and celebrations such as Christmas. Social care workers supported this person in line with their individual wishes. The beliefs and preferences of the person were clearly documented in their care records.

Is the service responsive?

Our findings

People's relatives told us social care workers understood their relative's needs, values and beliefs. People's relatives spoke positively about the personalised care their relatives received, and felt they were involved in decisions about their relative's care and support. Comments included: "I think the care is about him. There is always lots of support" and "I think (relatives) freedom and wishes aren't compromised."

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the people living at Orchard End and worked with people to enhance their wellbeing. All staff spoke positively about supporting people at Orchard End. For example, one person was supported to attend a college where they enjoyed woodwork activities and other sessions based with animals. Social care workers understood which activities people enjoyed by seeing how the person enjoyed the activity. This enabled them to ensure activities were structured on people's preferences and needs. Social care workers had identified a number of people living at Orchard End enjoyed accessing the community, going for walks or going shopping at local towns.

One person's relatives explained how staff involved them in planning their loved ones care and supporting them with a plan for the future. One relative explained, "I made arrangements for (relative), about easing away from me, in case anything happened. It was a ten year plan however we've gone way past the plan. Staff have been so supportive."

People's care and support documents provided social care workers information on people's needs and preferences and how to support them live a full and meaningful life. However, sometimes information was not always clear or easy for social care workers to find. For example, one person's speech and language therapy eating and drinking guidelines were stored in their health action plan and were not referenced in the person's eating and drinking care assessment. One social care worker had not followed this guidance; however this had not negatively impacted on the person. Another person's guidance from healthcare professionals was not clearly referenced in their care assessments, particularly in reference to assisting them with seating and their ongoing healthcare condition. Social care workers were aware of this information.

The registered manager and a representative of the provider informed us that all care records in the service were being updated in accordance with the provider's new care planning system. This system had a clear aim of making people's care records person centred and clearer for social care workers to access the information they required. The registered manager assured us these changes were being carried out immediately following the inspection. The registered manager ensured all social care workers were aware of people's needs when they changed through handover meetings and read and sign documents, to ensure all staff had the information they required.

Where possible; people were at the centre of discussing and reviewing all aspects of their care. For example, registered manager and social care workers took time to go through people's care and risk assessments to ensure the people were at the centre of their care and their views were respected. Social care workers recorded these times and discussions as one to one discussions aimed to capture people's views and

support them to understand the records and choices as much as possible. Social care workers took time to sit with people and explain their care and support plans in clear and simple ways so people could understand them. If a person did not wish to be involved in reviewing their care or monthly keyworker meetings, their choice was respected.

People's skills, confidence and personal development was supported by training in subjects to ensure their safety and develop their personal skills, such as keeping safe and some elements of food preparation. Additionally people helped keep their home clean and tidy. For example, one person helped clean and empty bins within the home. Social care workers told us it was something the person was happy to do and that they did it "very quickly".

People enjoyed a busy and activity life, which included activities, events and tasks which were personalised to their needs, wishes and goals. During our inspection, people enjoyed a range of activities and excursions. People enjoyed one on one time with social care workers going shopping in Gloucester to pick up some new clothes. Two people were supported to go for a walk. People when asked responded positively about going out on activities and enjoying an active life. One person said, "I'm always out and about". Another person told us, "I like taking the boys (other people) out."

The registered manager and activity coordinator were working to engage with the local community. They had arranged activities at the local village hall and were encouraging people to engage with the community to build and enhance their social skills. The activity co-ordinator told us, "We had a valentine's meal at the village hall which people and their relatives came to. We're looking at arranging an Easter event. We audit people's activities to ensure people are getting out into the community everyday." The activity co-ordinator and the registered manager also explained how they used the environment to provide different spaces for people, for example the home's activity shed had been turned into a Christmas grotto for people to enjoy.

We looked at the home's compliments and complaints records which were held by the registered manager. The service had received one complaint since the start of the year. The registered manager had received this as a concern, and asked if the person would be happy for it to be dealt as a complaint. This was then responded to in accordance with the provider's complaints policy. The registered manager identified improvements which could be implemented following the complaint. These improvements had been communicated to all staff through team meetings. The complainant was happy with the response to their concern.

Is the service well-led?

Our findings

There was an effective management team in Orchard End which the provider and registered manager were grooming and encouraging improvement. The registered manager was supported by a deputy manager and a team of team leaders. People and their relatives spoke positively about the management of Orchard End. One relative told us, "There is a good management team in place now, which has stabilised."

Healthcare professionals felt the service was well led and people living at Orchard End benefitted from a dedicated and strong registered manager. One healthcare professional told us, "I'm confident with the home. They've gone through all the steps to support (person) and effectively liaised with the parents."

Social care workers told us they were well supported and felt Coppice House was well led. Comments included: "(Registered manager) is an amazing manager, I can have a chat and it makes me feel better, worth coming to work for. She says she's proud of me, makes me feel valued"; "I don't feel I would be in the role I am without (registered manager). She plants a seed and lets you develop it, always promoting us to develop" and "(Registered manager) is great and really supports us to do more for people."

The registered manager benefitted from support by the provider. They had an established supervision and annual appraisal schedule with the area director where their performance was looked at and any personal development plans could be discussed. The registered manager worked 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 registered manager provider was committed to driving improvement through nurturing staff and developing their managerial and leadership skills. They had introduced 'The Choice Care Group Academy' which 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. One social care worker had undertaken management development programmes as they had expressed a desire to develop their career. This social care worker told us, "It has helped me improve and definitely made me more confident".

People's views and choices were an integral part in developing and shaping the service. The registered manager held monthly house meetings, or more frequently when required. Meetings enabled people to discuss their views and any changes they would like to happen. People and social care workers were also supported emotionally following significant events. In 2017 one person living at the service passed away unexpectedly. Social care workers talked positively about the emotional support they and people had received to deal with the incident and the impact it had on their own wellbeing. One social care worker said, "It is definitely a good and supportive company to work for. We received professional emotional and bereavement support."

People had a number 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.

Some people were part of the provider's service user committee which met every three months. This was made up of people representing people from all of the provider's services. We looked at the service user committee meeting minutes for meetings carried out in 2017. Topics were discussed around different events held in people's homes and volunteering for an open event for the Provider. 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.

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 and their management team 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. Where necessary, action plans had been developed from the audits and these results had been used to drive improvements.

Quality assurance audits 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 people's prescribed medicines were being audited regularly. Where concerns or gaps in recording had been identified the registered manager was taking effective action by discussing these concerns with the relevant staff and ensuring that staffs competency to administer medicines were reassessed.

Quality assurance auditing 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 wrote a report and sent their findings to the registered manager and the area director. Any actions identified would be completed by the registered manager. For example, the last expert auditor visit to Orchard End had identified that staff felt there could be more activities for people, this was something which had been acted upon through the services development plan.

Orchard End worked with healthcare professionals to develop strategies to support people during periods of difficulty in a variety of settings. The provider and registered manager had trained social care workers to develop ways of supporting individuals proactively, actively and reactively inside and outside of Orchard End looking for early warning signs of behaviours. This had reduced the number of physical interventions carried out by staff.

We looked at the result of the stakeholder quality assurance survey of Orchard End in 2017. The registered manager was reviewing the comments to see if there were any actions that could be taken, which informed a development plan for the service. Relatives had suggested some ideas for improvements which included introducing staff and providing more information about weekly activities. These had clearly been incorporated in the homes development plan and events were being planned for people to enjoy. The activity co-ordinator was carrying out activity audits to evidence how people were being supported to access the community daily.