

The Orchard Trust

# The Orchard Trust - Sevenoaks

## Inspection report

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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

About the service: The Orchard Trust - Sevenoaks is a care home and supported people with learning disabilities and/or autism.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and other large domestic homes of a similar size.

The service was divided into two homes/areas known as Larch and Rowan, each with its own communal rooms and facilities. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when accessing the community with people.

For more details, please see the full report which is at the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

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

- ☐ Staff understood how to communicate with people effectively to ascertain and respect their wishes and preferences.
- ☐ People's independence was respected and promoted. Staff prompted people during household tasks and activities, to enable them to do things for themselves and learn new skills.
- ☐ People's support focused on them having opportunities to be part of their community, meet others and maintain existing relationships.

We received positive feedback about the service and the care people received. The service met the characteristics of 'Good' in all areas.

- ☐ Risks to people had been assessed and plans were in place and followed by staff to keep people safe.
- ☐ Safe recruitment practices were followed to protect people from unsuitable staff.
- ☐ Staff were knowledgeable around safeguarding and understood provider policies and procedures in this regard. There were good links with local safeguarding bodies.
- ☐ Systems were in place to ensure people received appropriate support to take their medicines safely.
- ☐ Health and social care professionals guided staff to support people with their behaviour and epilepsy in accordance with national best practice guidelines.
- ☐ Staff received regular managerial supervision, felt supported in their role and received the training they needed to support people's needs.

- All staff had a good understanding of the principles and application of the Mental Capacity Act. The Deprivation of Liberty Safeguards (DoLS) had been followed.
- Staff attitudes and behaviours were responsive, respectful and caring.
- People were supported through appropriate communication methods by staff that knew how to involve people in their own care.
- Interactions between staff and people demonstrated personalised, collaborative, action-oriented care planning and care delivery.
- There were processes in place to manage adverse incidents and complaints. There was evidence that learning from incidents and complaints was shared across the service.
- Effective quality monitoring systems were in place and regular audits and checks supported managers to identify concerns promptly to take action to improve the service.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

For more details, please see the full report which is at the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: We last inspected The Orchard Trust – Sevenoaks on 9 November 2017. At the last inspection the service was rated Requires Improvement (this report was published on 19 January 2018). The provider had taken the required improvement actions and our rating of the service improved at this inspection.

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. We also follow up on progress against agreed action plans to address the breaches in regulation we found at our previous inspection in November 2017. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# The Orchard Trust - Sevenoaks

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by one inspector.

#### Service and service type:

This service is a residential care home. It provides personal care to younger adults living with a learning disability, some of whom may also have physical disability and/or sensory impairment.

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:

The inspection was unannounced.

#### What we did:

Before the site visit: We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed a quality monitoring report from commissioners' last visit to Sevenoaks in February 2018.

During the site visit: Most people were unable to tell us about their lives at Sevenoaks due to their complex needs. We observed staff interacting with people preparing meals, during activities and during an intensive interaction session. We spoke with two people's close relatives and looked at feedback the service received in 2018. We attended staff handover and reviewed a range of records. This included three people's care records, four staff recruitment files and staff training and supervision records. Other records reviewed included complaints, the annual report to the Trustees and a selection of audits. We spoke with the registered manager (who is also head of support and operations for the provider), the deputy manager, chief executive and five care staff.

Following the site visit: We spoke with the local authority quality review officer, received feedback from five health and social care professionals and a visiting therapist. All parents who had not had an opportunity to speak with us during the inspection were given our contact details.

# 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 completed on 9 November 2017, we asked the provider to take action to make improvements to how people's prescribed medicines were managed. Improvements had been made and the requirements of the regulations were met.

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

Using medicines safely:

- We observed people receiving appropriate support to take their medicines safely. Staff had information to guide them in giving 'as required' medicines in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Staff who administered medicines had received training and their competency was checked.
- Medicine administration records (MAR) showed people had received their medicines as prescribed. An additional audit had been introduced to address minor recording errors.

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

- Staff knew what action to take if they suspected abuse or poor practice. They were confident to 'whistleblow' and knew which outside agencies to involve if needed.
- The registered manager reported and shared appropriate information with the provider and relevant agencies to safeguard people.
- The provider's policies and procedures supported diversity and equality. A "zero tolerance" approach was taken against discrimination, harassment or bullying against people and staff. When manager's expectations were not met, they acted quickly to ensure people were always treated with kindness and understanding.

Staffing and recruitment:

- Staff recruitment records showed the required pre-employment checks had been completed to help protect people from those who may not be suitable to work with them. All staff worked a six-month probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.
- There were enough staff with the right skills and experience to support people. The provider took measures to encourage staff to stay in their employment and there were no staff vacancies at the service. Agency staff had been used once to maintain staffing levels at Sevenoaks in 2018.
- A comprehensive induction was completed by all new staff, to ensure they understood the systems and processes to be followed to maintain people's safety.

Assessing risk, safety monitoring and management:

- Risk assessments were completed to manage risks to people while taking their individual needs and

preferences into account. Referrals to health care professionals were made when people's needs changed and their advice was acted upon. This included detailed support plans for personal care and activities as well as sharing professional's recommendations with people's close relatives.

- 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 which demonstrated the action taken to avoid similar incidences occurring in future. For example, measures were in place to reduce the risks of the stairs in 'Rowan'. The advice from health care professionals and building specialists were incorporated into people's support plans and environmental adaptations to ensure they were used safely.
- Where people showed anxiety, had incidents of challenging behaviour, or required support with health-related needs, such as epilepsy, support plans were detailed and informative to assist staff to respond appropriately. Staff kept detailed records of all incidents and behaviours which were reviewed and analysed by managers to ensure any patterns were identified. These also informed care reviews and enabled staff to avoid incidents proactively.

Learning lessons when things go wrong:

- Following our last inspection of Sevenoaks, lessons learned were immediately communicated to registered managers for implementation at the provider's other services.
- A significant reduction in incidents between people living at the service had occurred since our previous inspection. Factors leading up to all incidents of challenging behaviour had been examined, to ensure people's support plans had been followed and to identify where changes were needed. For example, limiting movement of staff through an adjoining door between Larch and Rowan had reduced the number of incidents occurring on that landing.
- Managers involved staff in reflecting on improvements they could make to the service and the way staff worked. A health care professional told us about their frustration when some staff had failed to raise concerns to them or managers in the past, despite having opportunities to do so. They said, "These matters have now been resolved and staff are communicating a lot better within their teams and management".
- During the inspection the deputy manager involved all staff in responding to a recent increase in one person's anxiety related behaviours, gathering staff knowledge and suggestions before updating the related support plan.

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. Records showed that any improvements needed had been acted upon, including replacement of carpets.
- Staff completed food hygiene and infection control training and there had been no recent infection outbreaks at the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were fully assessed which included ongoing involvement of their close relatives or advocate and reviews by a range of health and social care professionals. People's support, for example in relation to their epilepsy and behaviour, was planned and delivered in line with professional standards and guidance.
- People's choices were taken into account. Their preferred routines and prompts they recognised were detailed throughout support plans. Staff noted people's response to verbal and non-verbal cues, gauging their readiness to participate in household tasks or activities, or to receive personal care. People's wishes were respected.
- When assessing people's needs and delivering care, current legislation was considered and followed. For example, processes followed in adherence to the Mental Capacity Act 2005.
- People's rights were supported by staff who received training in equality and diversity and person centred approaches.

Staff support: induction, training, skills and experience:

- People were supported by staff with the appropriate skills and experience to meet their needs. New staff worked alongside established staff while they learned how each person needed to be supported. Staff and managers recognised that some people's needs were very complex and new staff received appropriate training and experience before supporting people.
- Staff training and support needs were identified and monitored through probationary meetings, ongoing supervision and annual appraisal. Training records demonstrated all staff received training to enable them to maintain people's safety, such as fire, first aid and safeguarding. Staff also received training in relation to people's health and emotional support needs, such as epilepsy and positive behaviour support.
- Staff were supported to achieve relevant qualifications including the Care Certificate and Diplomas in Health and Social Care. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- Staff were positive about the support and learning opportunities they received. Comments included, "Good team spirit" and of managers, "[they are] supportive to all staff".

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

- People's nutritional needs had been assessed and their weight was monitored. Records of what people had eaten and drunk were reviewed to ensure their dietary needs and preferences were met. Staff demonstrated a flexible approach, offering alternatives at different times when people had not eaten or drunk well, for example, in response to illness or incidents, or to fit in with planned activities or appointments.
- A three week rolling menu, based on people's preferences and dietary needs, was followed to ensure a

varied and balanced diet was provided. Cultural and religious food preferences could be met when required. Meals were freshly prepared and included healthy options such as fresh fruit, salad and vegetables. People enjoyed less healthy options, such as pizza, in moderation.

- Speech and Language Therapists (SLT) had been involved to assess people who may be at risk of choking. SLT recommendations were documented in people's support plans. A health care professional said, "Advice regarding eating and drinking recommendations is always acted upon." Our observations and discussions with staff supported this.

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

- Staff worked closely with other health and social care professionals to deliver effective care and treatment. Their feedback included, "In my experience all referrals have been timely and most have been appropriate".
- Staff had established good working relationships with a variety of health and social care professionals. This included the Community Learning Disability Team (CLDT), GP and the Intensive Health Outreach Team (IHOT). IHOT provides a service for people with profound and multiple disabilities and older people with a learning disability, whose health needs require a level of intensity and specialist intervention not currently provided by the CLDT.

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

- The provider was exploring options to make significant improvements to the accommodation at Sevenoaks. In particular to address unavoidable risks to people and staff using the stairs in Rowan. While every possible step had been taken to reduce this risk to people, aging and changing health related needs meant a long-term solution was being implemented.
- People's bedrooms reflected their needs. Communal rooms in Larch and Rowan were suited to the needs of people living in each area. Décor was designed to assist people living with sight impairment to mobilise independently.
- Staff were mindful of the impact of noise levels on people who were sensitive to sound. We observed staff adapting the environment to assist a person recovering from an epileptic seizure.

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

- Each person had a health action plan where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded.
- People's care and treatment was reviewed with health care professionals at agreed intervals, to ensure it remained appropriate and effective. Staff kept records of all episodes of anxiety or challenging behaviour and of health related incidents, such as seizure activity or falls. Information about such incidents was compiled by the deputy manager and used to identify patterns or trends. This data was also used by health professionals to evaluate the effectiveness of treatment people received. For example, in line with STOMP, (a health campaign to stop the over-use of psychotropic medication to manage people's behaviour), use of perception, mood or consciousness altering medicines was reduced or stopped whenever possible.
- People's close relatives were invited to attend health reviews and their views were taken into account. They were kept informed of all incidents and health related changes by staff. One relative told us, "We work really closely with the staff".

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application

procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The principles of the MCA were understood and the MCA Code of Practice followed. DoLS authorisations had been appropriately applied for. Where safeguards had been authorised there were no additional conditions for staff to meet.
- Staff obtained consent from people before providing care and treatment. Support plans were sufficiently detailed to assist staff to support people in the least restrictive way.
- Decisions made on behalf of people who lacked mental capacity were made in people's best interests in line with the MCA. People's legal representatives were identified so that information about people's care and treatment was discussed with the appropriate representative.

# 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.

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

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

- We observed staff showing kindness and compassion towards people. When we advised a staff member that a person required assistance, they attended to the person immediately, maintaining their comfort and dignity. A therapist told us, "Laughter and encouragement can often be heard around the houses and I think, particularly in these times of funding cuts and austerity, it is testament to the service provided by the staff team".
- People were protected from discrimination or a lack of compassion as managers responded quickly to inappropriate attitudes. For example, when a negative comment was made about a person spitting, prompt action was taken by managers to ensure all staff understood this behaviour and its origins. All staff contributed to developing a support plan around this behaviour, increasing their understanding and fostering a kind and compassionate approach.

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

- People were supported to communicate their needs through use of communication passports which enabled staff to recognise people's verbal and non-verbal cues. Some people were being supported to improve their communication skills through use of electronic handheld devices and 'intensive interaction' sessions. Intensive interaction is a technique used to enable people to interact successfully with others, using sound, facial expressions and physical contact.
- People's close relatives were routinely consulted in decision-making and kept informed of any changes, incidents or events involving their relative.
- Manager's demonstrated caring and compassion in their approach to managing the staff team.

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

- People were treated with dignity and respect and their independence was promoted. We observed staff involving people with everyday tasks, such as preparing drinks and meals. Support plans described how people may communicate their need to use a toilet, when they were unable to say this, or to manage this independently. A therapist said, "I have witnessed staff act with the dignity of the clients in mind, always closing bathroom and bedroom doors for personal care."
- Staff knew how to recognise when people were distressed and may be in pain or discomfort. Staff provided pain relief when they anticipated people may have discomfort or their behaviours indicated distress.
- People's information was managed confidentially and care records were stored securely in line with the Data Protection Act.
- Staffing was arranged in accordance with people's preferences and protected characteristics. For example, new staff completed driving assessments for the minibus as soon as possible to ensure people could participate in community based activities.

- Relatives could visit at any time and a relative who was unable to visit regularly said, "Everything's really positive. I always feel at ease to ring up and speak to people [staff]".

# Is the service responsive?

## Our findings

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

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

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

- The provider's equality, diversity and human rights policy set out the approach to how people's care would be planned and delivered in line with their diverse needs and preferences. Policies were reviewed in line with legal requirements, national guidance and best practice.
- The service was located in a residential area, within walking distance of the local town centre and bus routes. Two fully accessible minibuses were available to assist people in wheelchairs to access the community and for longer distances.
- People's records included their personal history, people who were important to them and their needs and preferences. Support plans detailed how staff should support each person, through different parts of their day and for different activities, to enable the person to participate as fully as possible and be in control. For example, people's routines for getting up in the morning and verbal and non-verbal cues to be used by staff, at each step of each process, were recorded.
- A visiting therapist said staff, "have great knowledge of the residents, their characters and their behaviours. Staff were skilled in supporting people to communicate and make day to day decisions. We observed a staff member using short sentences to tell a person what they intended to do before doing it. They gave the person time to process and respond. If there was no response, they proceeded slowly, prepared to stop if the person showed they were unhappy at any point. The staff member worked through different things the person usually wanted, such as a drink or food, watching their response, to determine what it was they were asking for.
- People were supported to gain new skills and increase their independence. One person's relative told us staff were using intensive interaction to improve their relative's communication skills. They were impressed with this and said, "I feel like a proud parent". Staff told us about three people who were making progress in different activities, through building their confidence and understanding. For example, a staff member told us about a "breakthrough" in introducing a special flotation device for use by people with physical disabilities in the pool. For one person, who normally used a wheelchair, this gave them "complete freedom" in the pool; They became a "different person and were "so happy" in the pool. Pictures of the person's happy smile while swimming had been shared with their family.
- The activity coordinator's impact on people's lives Sevenoaks had been recognised in the 2018 Gloucestershire Meaningful Activities and Wellbeing Network awards, where they were runner-up in their category. They worked in various ways to source new activities for people to suit their personal interests and abilities. They told us, "They [people] are going out regularly, doing normal things that you and me do. They are out in the community meeting new people". A senior staff member said about the activity coordinator, "She has brought in so many improvements".
- Records, staff handover and feedback we received demonstrated people's involvement in day-to-day decision-making and the involvement of close relatives, or advocates when appropriate.
- People were supported to maintain relationships with people that were important to them.

One person had progressed from daytime visits to overnight stays at their family home. Their relative said, "He's happy. There are no issues at all, we love the place".

Improving care quality in response to complaints or concerns:

- People, relatives and other visitors to the service could raise a complaint or make suggestions about how to improve the service. A suggestions book was situated in the hallway and an easy read complaints form was available for everyone using the service.
- A record was kept of all complaints which recorded how each complaint had been managed, the actions taken and outcome. This record showed that people's complaints were responded to according to the provider's policy and procedures. Three complaints/concerns had been raised since our last inspection. Two had been resolved effectively and the third was being addressed with the person's relatives and ongoing assistance from CLDT to find an appropriate solution.
- People's relatives were comfortable in speaking with staff and managers. This was evidenced through telephone conversations, text and email and the positive feedback we received. A relative said, "We're really happy with everything". Another relative told us about their concerns, due to an imminent change of manager. A staff member had told them how the service planned to manage this change and they had been assured by the measures planned.
- Feedback from the service's Spring 2018 satisfaction survey was positive, but indicated improvement in communication was needed. This had been addressed. In feedback to the registered manager, a relative who had voiced their dissatisfaction said, "I think that communications have improved a great deal at Sevenoaks, so thank you for that too".

End of life care and support:

- Sevenoaks provides a service for younger adults, hence deaths at the home are infrequent. The last one having occurred at the end of 2017, which we reported on at our last inspection. Six staff who contributed to ensuring this person's quality of life and last days were "very special" were shortlisted (in the final three) in the 2018 Gloucester Care Provider Association (GCPA) awards for end of life care. This demonstrated their commitment to understanding this person's and their relative's needs at a difficult time.
- Appropriate policies and best practice guidance was in place for staff to follow. People's wishes and any specific religious and cultural preferences had been explored and documented, with the involvement of people's close relatives.
- Access to necessary medicines and additional health care support was available through well-established relationships with the GP, community nurses and local hospice.

# 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 completed on 9 November 2017, we asked the provider to take action to make improvements to the operation of governance systems and to sharing information with relevant bodies. This action has been completed and the requirements of the regulations have been met. .

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

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

- The management and executive teams understood the culture in the service and told us that while there was still some way to go, this had been improving. The chief executive officer (CEO) said, "I think the home has improved so much, it's so settled and calm". The Orchard Trust staff and executives identified their core values of, 'Kindness, Respect, Individuality and Working Together' through a series of staff workshops. The CEO told us staff at Sevenoaks had, "embraced the core values, even painting them on the walls. They always put the client at the heart, even if it disadvantages staff". The CEO met with registered managers and staff representatives each month, where information was shared both ways. A staff member told us, "I went and really enjoyed it".
- Staff were supported, respected and valued. We saw examples of this during our inspection. These included, sending a staff member home, not long into their shift, to recover from a minor traffic accident and a letter of thanks from head office to a staff member who had "acted up" when needed. Feedback from staff and relatives about the leadership team was positive. They were described as, "approachable" and "very supportive".
- Records showed that people's close relatives were routinely informed of any incidents involving their relative, in line with Duty of Candour requirements.
- An external professional said, "From my experience the culture within the home is very positive and encouraging".

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

- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Expectations of staff were clearly communicated by managers in regular and ad hoc staff meetings. For example, where staff were reminded to follow people's support plans when a review of an incident indicated this had not occurred.
- Team leaders completed a series of checks, documented in handover sheets, which reduced the risk of errors or omissions. A health professional said, "I feel that the staff have worked hard to provide a safe and comfortable home for the residents".
- Monthly audits were carried out in the home including, health and safety, infection control, accidents and



incidents. We saw that where actions had been identified these were followed up.

- The provider's head of support and operations had taken on the additional role of manager at Sevenoaks in November 2017. This was to drive the improvements needed and fulfil the regulatory requirement for a registered manager, until this role could be recruited to. They became registered manager of the service in March 2018.
- The registered manager was aware of regulatory requirements and had consistently notified us when required to do so. The rating of the previous inspection was displayed as required.
- A new manager was due to start in February 2019. Their induction was planned to ensure they understood their role and responsibilities and met the standard expected by the provider. The provider said the new manager would be asked to apply as registered manager upon successful completion of their probationary period.
- The head of support and operations (registered manager) worked closely with the CEO and they reported jointly to the Trust board. This included incidents, accidents and risks. Provider checks at Sevenoaks had been completed by the CEO while the head of support and operations was managing the service. Monitoring visits had also been carried out by a Trustee in March, April, September and October 2018.
- The Trust's governance framework and audit tools were being updated to better monitor compliance with regulatory requirements, best practice guidelines and commissioners requirements. It was anticipated this would be implemented within six months of the inspection.

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

- We observed people's close relatives being in regular contact with the registered manager and their deputy, through text, email and telephone. Staff and relatives had confidence in the management team. Staff comments included, "There's been less stress. It's more organised. It's the most comfortable I've felt in years" and "I love it here. It's very relaxed, there's good team spirit. Manager's are approachable. I could go to them with anything". A relative said, "If I was to rate them, I'd be giving them five stars".
- Staff, people and their relatives were kept informed of changes planned at Sevenoaks as far as possible. They spoke openly with each other and were able to discuss their concerns. For example, a relative told us about their discussion with a staff member regarding the arrangements in place to manage the transition to a new manager of the service.
- Feedback from people's families was sought in an annual survey. We saw that improvements had been made to communication with families following their 2018 feedback.

Continuous learning and improving care:

- Staff were actively involved in developing the service. A staff member told us, "There have been lots of changes, all for the better. Little improvements. When something's not working we talk it out in staff meetings and come to a conclusion".
- Staff understood Whistleblowing arrangements and had regular access to the CEO and Trustees through their visits to the service. Staff told us they felt comfortable talking to members of the executive and management teams and were happy to approach them with any concerns.
- The leadership team were outward looking and proactive in improving the service. For example the Trust's head of support and operations (registered manager) was board member for disabilities of the Gloucestershire Care Provider's Association (GCPA). This role kept them up to date with national and local changes and initiatives and gave them access to a network of providers for mutual support, information sharing and resources.
- The management and executive teams were enabled to attend relevant care conferences.

Working in partnership with others:

- The service worked openly and transparently with external organisations. This included key staff attending care review meetings to share information with local authority assessors.