

The Orchard Trust

The Orchards

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

We inspected The Orchards on the 5, 8 and 9 December 2016. The Orchards comprises of two care homes owned by the Orchard Trust Limited. The Orchards provides residential care for up to six people with learning disability and physical disability needs. Offa's Dyke provides residential care for up to 14 people living with a range of learning disability and physical disability needs. At the time of our visit four people were living at the Orchards and 14 people were living at Offa's Dyke. This was an unannounced inspection.

We last inspected in October 2013 and found the provider was meeting all of the requirements of the regulations at that time.

There was a registered manager in post on the days of our inspection. The registered manager is also one of the providers of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at The Orchards were kept safe. Support workers ensured people were protected from the risks associated with their care. People were supported with their independence and to take positive risk. People received their medicines as prescribed.

People enjoyed living at the home. They were supported by a kind, caring and compassionate support team. Support workers clearly knew people's needs, wishes and preferences. People enjoyed the time they spent with support workers and other people in their homes. They were supported by support workers to enjoy a range of activities and one to one stimulation.

People told us they felt safe with support workers and safe in the home. Staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People's needs were assessed. Where any risks were identified, management plans were in place. They were supported in a way that recognised their rights to take risks. The care and support people received was personalised to their needs.

There was a positive caring culture, promoted by the registered manager. Support workers were passionate about providing high quality personalised care and support. They spoke confidently and positively about people.

Support workers were knowledgeable about the people they supported. They had access to professional development. Support workers received the training they required to support people with individual needs and had access to effective supervision (one to one meetings with their manager).

People and their relative's views on the service sought. The registered manager ensured the views of people, their representatives and healthcare professionals views mattered. People and their relatives told us the management was approachable and felt confident in their ability to complain. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

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 received their medicines as prescribed. Staff recorded the support they had given people around their prescribed medicines.

People and their relatives told us they or their relatives were safe. Support workers understood their responsibility regarding safeguarding and knew how to raise concerns.

The risks of people's care were identified and managed by support workers. There were enough support workers to meet the needs of people living at The Orchards and Offa's Dyke.

Is the service effective?

Good ●

The service was effective. People's needs were met by support workers who had access to training they needed to meet people's needs. Support workers had access to effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, support workers took appropriate action.

Where appropriate, people were supported to make decisions. Support workers and the registered manager ensured people's legal rights were protected.

Is the service caring?

Good ●

The service was caring. People and their relatives spoke positively about the care they received from support workers. Support workers knew the people they cared for and what was important to them.

Support workers treated people with dignity and kindness. People were supported to make choices.

Support workers respected people and ensured that their dignity was respected during personal care.

Is the service responsive?

Good ●

The service was responsive. People's care and support plans were personalised and included information about what was important to them as individuals. People were supported with activities and were supported to access the local community.

Support workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People and their relatives knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Is the service well-led?

Good ●

The service was well led. The registered manager had systems to monitor and evaluate the quality of the service.

People spoke positively about the registered manager and felt they were approachable. Support workers were given ownership of key tasks within the service and were supported to develop.

The registered manager promoted a caring culture which respected people's individuality.

The Orchards

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5, 8 and 9 December 2015 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were 18 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We also looked at the Provider Information Return for The Orchards. 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.

We spoke with four people who were using the service and four people's relatives. We also received written feedback from one person's relative. 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. We spoke with eight care workers, two team leaders, a cook, the deputy manager and the registered manager. We reviewed 11 people's care files and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe living at both The Orchards and Offa's Dyke. One person said, "It's a nice place, I feel safe here." Two people responded positively when asked if they felt safe. People's relatives felt their loved ones were safe. Comments included: "I don't have to worry about them"; "I am able to come home and relax, knowing they are safe and cared for" and "I can sleep at night, knowing that they are here and being looked after."

People were protected from the risk of abuse. Support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager, the registered manager, or the provider. One support worker said, "I would go to my team leader, if they were not available I know I can go to (registered manager), or use the on call facility. There is always someone for us to communicate". They also added that, if they were unhappy with the registered manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "We can go to the safeguarding team, its part of whistle blowing policy". All support workers told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured action was taken to protect people from harm.

People received their medicines as prescribed. Support workers kept a clear record of the support they provided people regarding their prescribed medicines and also ensured there was a clear record of the stock of people's prescribed medicines. Where staff had made an error they took effective action to ensure people were protected from harm. For example, on the day of the inspection the inspector identified an individual error had been made and one person had not received one of their medicines as prescribed. A team leader was informed of this, and they took immediate action. They checked to see if the person could still have the prescribed medicine, and ensured this was administered. The reason for the error had been identified and was being discussed with all support workers to ensure the incident was not repeated.

People were given time and support to take their medicines. We observed support workers assist people to take their prescribed medicines, both orally and through Percutaneous Endoscopic Gastrostomy (PEG) care (a means of feeding and administering medicines when oral intake is not appropriate). One support worker assisted a person to take their prescribed medicines; they asked the person if they were happy to take their medicines and how they would like them. The person took their medicine with some yoghurt and was then supported to finish the rest of the yoghurt at their request.

Where people had medicines prescribed 'as required' such as pain relief and recovery medicines (medicines people may require following a seizure), support workers kept a clear record of the support they had provided people. Support workers used 'as required' protocols when people were prescribed 'as required'

medicines which provided them clear guidance on when people could have these medicines and the reasons they were needed.

Medicines were stored in safe and secure clinical rooms. When clinical storage rooms were not in use the door was locked. The room contained a medicine fridge and a medicine trolley. Support workers recorded the room and fridge temperature daily. This meant that the fridge was fit for purpose if medicines were required to be stored into the fridge.

People were kept safe from risks in the home's environment. Offa's Dyke had been purpose built to meet the needs with physical and learning disabilities. There was a range of equipment needed to assist people with their mobility. All equipment had been serviced to ensure it was fit for purpose. The registered manager kept a record of checks carried out at Offa's Dyke and The Orchards regarding fire safety and equipment. Frequent checks were carried out to ensure the premises were safe. Domestic staff ensured chemicals which could cause harm were kept secure when not in use.

People had assessments where support workers had identified individual risks in relation to their health and wellbeing. These included moving and handling, agitation, nutrition & hydration and activities. Risk assessments gave staff clear guidance which enabled staff to help people to stay safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person was at risk of pressure sores when they stayed in bed. Support workers had clear guidance on how to assist the person and had also sought the advice of district nurses to ensure the person's needs were maintained.

Where necessary, people had detailed risk assessments around seizure recovery. These assessment provided support workers with clear guidance on how to assist each individual in the event of a seizure. This included how to assist the person to ensure they were not at risk of injury, and when to administer recovery medicines. Support workers were aware of how to assist individual people and the support they required to stay safe.

People were supported to take positive risks and develop their independency and enjoy activities. For example, one person enjoyed walking around the home and surrounding land owned by the provider. Risk assessments were in place in relation to walking outside during icy conditions and the support they required, including the use of grit. Other people had risk assessments for swimming and using a hydro therapy pool. These assessments clearly documented the risks to the person and the support workers supporting them, how to reduce these risks and the benefit of the activity had on the person. The registered manager informed us that one person was supported to complete a bungee swing using their wheelchair. The person had expressed to complete this event and the registered manager and support workers had supported them to achieve this wish.

The registered manager, support workers and the home's cook worked with healthcare professionals to provide clear person centred care. For example, healthcare professionals had been consulted on providing one person with a blended diet through a Percutaneous Endoscopic Gastrostomy (PEG) system (a means of feeding when oral intake is not appropriate). The risks of this process had clearly been discussed alongside the possible benefits for the person. There were clear risk assessments in place and guidance for the home's cook and support workers to follow. We spoke with the person's relatives, who spoke positively about the support their loved one had received, including the provision of special equipment to meet this person's needs. They said, "They've (support workers and the manager) have been very supportive. Very impressed with what they try." A healthcare professional told us, "The team have been key in supporting and driving this forward with ourselves in health, according to the parent's wishes and appropriately seeking advice

from their insurers."

People and their relatives told us there were enough staff to meet their or their relative's daily needs. Comments included: "There is always staff around for me. I can get hold of staff or (registered manager) if I need"; "The staff have got so much patience. They're always available" and "Very impressed; there is enough well trained staff to continue to meet people's needs".

There was a calm and homely atmosphere in both The Orchards and Offa's Dyke throughout our inspection. Support workers were not rushed and had time to assist people in a calm and dignified way. Support workers spent time with people, talking with people and assisting them with activities such as colouring, Christmas card writing, hand massages and decorating Christmas trees.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "We are well staffed. We have a good settled and reliable team here"; "We always have enough staff to meet people's day to day needs. Staffing has got better in the last year"; "People's care is always met. The managers also help out if we're a little short" and "I think we always have enough staff. We don't have problems here, the team are quite good". The registered manager had identified the number of staff needed to ensure people were kept safe. Staff rota's showed on the days of the inspection and other days there were safe numbers of staff had been deployed to meet people's needs and support them to access the community and to use the learning centre and swimming facilities owned by the provider.

Records relating to the recruitment of new support workers showed relevant checks had been completed before they worked unsupervised at either The Orchards or Offa's Dyke. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Is the service effective?

Our findings

People and their relatives told us that the support workers had the skills they needed to meet people's needs. Comments included: "The staff are fantastic. They work hard, I'd give them a hundred out of a hundred"; "Very impressed, the staff are well trained and adhere to the needs of people" and "I think staff know what to do and they're well trained".

People's needs were met by support workers who had access to the training they needed. Support workers spoke positively about the training they received. Comments included: "We've got good training, always able to get the training we need. There is always plenty of training"; "I get everything I need and more to meet people's needs"; "I feel I have all the training I need to meet people's needs. The knowledge we learn is fantastic" and "I absolutely have the training I need. We have the training specific to people's needs." Training records held by the registered manager identified that support workers had received the training they required to meet people's individual needs. Where people were admitted to the service with different needs, or where people's needs had changed, support workers were trained to meet these needs. One support worker said, "We had to do a range of different training to meet one person's needs. We're all geared up."

Support workers had the training they needed when they started to work at the service. One support worker who recently started at the service spoke positively about the training and support they had received. They told us, "I have been made to feel very welcomed. I had a three day induction, where we covered policies and some additional online training. I was given time to get to know staff, people and read care plans. I have started the care certificate (training which the registered manager can use to assess the skills and needs of staff). I can request training. I identified some training that would help me, which I've had."

Support workers told us they had been supported by their line managers or the registered manager to develop professionally. Support workers told us they were able to access additional health and social care qualifications. One support worker said, "I've been offered access to a diploma, however it's not something I want at the moment." Another support worker said, "We've discussed the training I can take, and what will be available. I'm loving it. I made a good choice to work here." Following the inspection the registered manager informed us that the service was "proud to hold the Investors in People Gold award."

Support workers had access to supervisions (one to one meeting) with their line manager. Support workers told us supervisions were carried out regularly and enabled them to discuss any training or developments needs they had or discuss any concerns they held regarding the service. Comments included: "Supervisions are quite frequent. They're useful and I definitely feel supported"; "I have supervision and I supervise people. We use supervision to discuss our needs and how we support the people living here" and "I have supervision. It's a good way to discuss things." Staff also told us they could always meet with the registered manager to discuss concerns when necessary. Comments included: "I always feel supported. Can always go to (registered manager)" and "The managers are very approachable. You can request training and support."

Support workers had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Staff showed a good understanding of this legislation and were able to cite specific points about it. Comments included: "We never assume someone doesn't have the capacity to make a specific decision. Where someone doesn't have the capacity there are best interest decisions and we work to these, in the least restrictive way"; "We always promote choice. We recognise people can make a mistake (an unwise decision)" and "We always try and offer choice. Where people don't have the capacity to make specific decisions these are clearly noted in their care plans."

People's rights to make a decision were protected, as staff acted within the legal framework of MCA. For example, there were clear mental capacity assessments relating to one person regarding the management of their finances. Support workers clearly understood the support the person required to support them with their access to money. The person told us, "I'm always given choice. They never force me."

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made for them regarding a potential medical check. The person's family, doctor and other healthcare professionals were involved in making the decision. It was decided that the medical check was not in the best interest of the person.

The registered manager had knowledge of the Deprivation of liberty safeguards (DoLS). 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. The registered manager had a clear record of where they had applied to deprive people of their liberties and this were clearly recorded on people's care plans. Support workers were also aware of this process.

People and their relatives spoke positively about the food people received at both The Orchards and Offa's Dyke. Comments included: "I can do my own cooking. I enjoy my food", "I like the food, I get tea too" and "I enjoy it and I like having chips". Three people responded positively when asked about the food and drink they received.

Offa's Dyke had a chef who had previously worked for a number of years as a support worker. They knew and understood people's dietary requirements, including which people required a soft or pureed diet. They informed us they were always informed of changes to people dietary needs or if people were at risk of malnutrition. They said, "I have all the equipment and training I need. I'm made aware of any changes or if someone is losing weight." The chef told us how they provided choice to people and ensured how people had meals which were suited to their needs. They told us, "I puree all the food independently. People need to be able to see the different colours and taste the different flavours. One person doesn't like sitting down for their meal. We've tried different foods and different ways to interact with them, such as finger foods which work."

People's dietary needs were clearly assessed and support workers had clear information to follow. For example, speech and language therapists (SALT) were involved in assessing the support people required. Where SALT guidance had been sought this was clearly documented in people's care plans for clear guidance for staff to follow. For example, one person was assessed as at risk of choking. Clear guidance had been provided to ensure the risk of this person choking was reduced. We observed a support worker assisting them with their lunch in accordance with the guidance. We spoke with this support worker who

clearly understood the specific way they assisted the person. They said, "They didn't chew their food, they rush, we support them with time and a routine. It gives them a change to breathe. It reduces the risk of choking and aspiration.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records.

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Three people responded positively when asked if they were well cared for. Comments included: "It Is a lovely place. It's her home. They know her little quirks"; "They (the staff) genuinely care about him. Very supportive"; "(Relative) has thrived at the service. We're very happy with the care" and "I get everything I need. It's all about me."

People enjoyed positive relationships with support workers, the deputy manager and the registered manager. The atmosphere was calm and friendly in both The Orchards and Offa's Dyke with support workers positively engaging with people in a respectful manner. We observed many warm and friendly interactions. For example, one person was being supported with a drink and their breakfast, the support worker assisting them talked with them and they both enjoyed a light hearted conversation. Support workers informed people about the purpose of our visit. The registered manager introduced the inspector to people and support workers to ensure everyone was happy.

Support workers encouraged people to spend their days as they wished, promoted people's choices and respected their wishes. For example, one person was offered a shower by support workers throughout the morning during one day of our inspection. The person refused on two occasions; however support worker told them "let us know if you would like one." Later in the morning the person asked for a shower and was supported with this request. Afterwards the person responded positively when asked if they had enjoyed their shower. Another person was supported to go out for the morning, on the way back to their home the person was supported to get sausage and chips for their lunch. Support workers told us the person made this request and it was respected. The person enjoyed their lunch when they returned to Offa's Dyke.

Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one support worker was assisting one person to write Christmas cards for their family. The person had told the support worker this is something they wished to do. The support worker wrote the names of people the person wanted to send cards to and then gave the card to the person to sign. The person was happy with the support they received.

People were cared for by support workers who were attentive to their individual needs and wishes. Support workers clearly knew what was important to people and how people communicated their wishes. For example, one support worker told us how people communicated their preferences. They informed us what different words and phrases one person spoke meant. They engaged with the person positively and supported them to enjoy board games and Christmas DVD's during one day of our inspection.

Support workers knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one support worker was able to tell us about one person and how they supported them with all aspects of their care and stimulation. They told us, "We provide sensory support. They have a light bulb glitter ball and they have music they like on, they like welsh hymns. You can tell when they relax, a lot through their eyes and body language. For example, if they are bored they will roll their eyes."

Support workers worked as key workers for certain people living in The Orchards and Offa's Dyke. As part of the key worker role staff took on additional duties to be a point of contact for people's familiar and health care professionals. One support worker we spoke with talked passionately about the person they were key worker for. They told us, "I try and go to all his meetings, even if they are on my day off. It gives me the information I need and then I can bring this information back and share it." The person's relatives spoke highly about the caring nature of support workers employed at Offa's Dyke. They said, "They are so helpful and understanding."

People were able to personalise their rooms with belongings and decorations which were important to them. For example, one person's room had been decorated in the way the person wanted. The person asked us if we had seen their bedroom. They said, "It's the pink one, It's mine." One person had items in their bedroom which promoted their independence. They had a special switch which could be used to operate the lights and television in their room. Another person also showed us their bedroom, they told us that they liked their room, their home and had been involved in making decisions about decorating it. They said, "I like my room, I've got my tv, music and ensuite. I got to pick the colour."

People were treated with dignity and respect. We observed support workers assisting people throughout the day. Support workers told us how they ensured people's dignity was respected. Comments included: "I always make sure care is provided for people in a closed and safe environment. You follow and respect their preferences" and "I never leave someone exposed. They need to be comfortable and in control."

People were supported to make decisions which were respected. For example, one person with the support of their family had a written advanced care plan (a document of decisions they had made about the end of their life) about where they wanted their care and any instructions they had regarding the end of life.

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for support workers about how people's care and support should be delivered. They also included information on people's life before they moved to The Orchards and Offa's Dyke as well as important information regarding their family, loved ones and friends. People's care and support plans and risk assessments were reviewed monthly and where changes were identified, the plans were updated to reflect the person's needs. For example, changes regarding people's healthcare needs and appointments were clearly recorded, and the outcome of appointments were noted. One person's records noted they had acquired an infection and that this infection had passed. Their support plan had provided clear information for support workers to meet this person's needs at the time of their illness.

Another person living at the service was diagnosed with dementia. Support workers informed us that recently their condition had deteriorated and they were now fully dependent on support workers with their care and support needs. Support workers talked positively about the support they had received to manage this change, including access to dementia training. Support workers knew how to support the person and to protect them from the risk of pressure sores. One support worker told us, "We know them well and what they like. We had the training and support we needed to meet their changing needs, as their needs changed rapidly."

Support workers responded to people's needs and provided personalised care. For example, one person living in the home had complex health conditions which meant they often needed to be admitted for hospital for treatment. The person's relatives told us how support workers had reduced the frequency of time the person needed to go to hospital as they were working with healthcare professionals to manage their needs in the home. They said, "They manage to keep him out of hospital. They work with the GP, (relative) has taken them out of their (staff) comfort zone, however they manage." A healthcare professional told us, "My overall experience in dealing with the team has been positive. They have kept us on our toes in health and have been proactive in patient care, as well as listening to our ideas and advice."

People were supported to spend time as they wished. People enjoyed accessing the provider's local training centre or walking around the grounds of The Orchards and Offa's Dyke. Two people were supported to go out in the afternoon to a library and then for a pub meal. Both people were excited about going out for this trip. People were supported to go into the community and enjoy a range of events. One person and two people's relatives told us how they enjoyed a carol service hosted at a local church prior to our inspection. One relative said, "It was good to see everyone enjoying themselves."

People were supported with activities within both The Orchards and Offa's Dyke. We observed support workers supporting people to decorate Christmas trees and enjoy some Christmas music. One person told us, "I enjoyed making the tree. It was fun." Support workers supported people who were not able to verbally communicate their needs with sensory activities, which included hand massages. One support worker assisted one person with a hand massage. We spoke with the support worker who told us, "They don't always enjoy them and they'll withdraw their hand, however today they enjoyed it." Activities people had

enjoyed were clearly recorded on people's ongoing daily records. People and support workers also spoke positively about a recent Christmas party people had enjoyed the weekend before our inspection.

People were supported to maintain and develop their personal relationships. Two people we spoke with talked positively about their relationships. One person told us and a support worker that they hadn't seen their partner for a while. The support worker took time to talk to the person about their feelings and worries. They agreed that the support worker would support the person to arrange a time for them to spend with their partner. The person was happy with this arrangement. They said, "They're going to help me arrange to see them."

People and their relatives knew how to complain to the registered manager and provider. People confirmed they knew who to speak to if they were not happy. One person told us, "I've got one issue with the place, which I will bring up with (registered manager) tomorrow". The person also had arranged an appointment to speak with the registered manager. One relative told us, "We can always go to (registered manager) if we have any concerns."

The registered manager kept a log of compliments, concerns and complaints. The registered manager treated all concerns as complaints and ensured action was taken to address concerns. For example, one person's relative raised concerns regarding communication around their relatives healthcare needs. The registered manager acted on this concern and took appropriate action.

Is the service well-led?

Our findings

People and their relatives were complimentary about the registered manager and the management team at The Orchards and Offa's Dyke. They felt the registered manager was very approachable and friendly. Relatives told us communication was good and they had positive relationships with the registered manager and support workers. Comments included: "They're always happy to listen to me"; "I know I can ring them up and have a chat" and "There is a great manager and they adapt the service well. (Relative) has thrived at the service."

The registered manager promoted a culture of person centred care. Staff were committed to the service and were positive about the management support and providing people with personalised care. Comments included: "We are supported to focus on the people here, it's their home, they come first" and "It's a home, it's not an institution. We try and get people to do their own things, their choices. It is all about them, what's best for them. Everyone has a right."

The registered manager sought people and their relative's views. The provider carried out a service user led 'Trust Our Voice' meetings, where people from each of the provider's services meet to discuss changes in the service and other matters. People from each service carried out quality checks at the other provider's services. A 'Trust Our Voice' quality check was carried out in 2016 and actions identified from this visit were addressed as part of the services' action plans. One person living at The Orchards also was involved in interviewing potential new staff. They told us, "I enjoy it and get to ask my questions." The 'Trust our Voice' group came up with sample questions which could be asked at staff interview which they felt were important. The registered manager informed us how they involved the person in the interviews and assessing how potential staff did at interviews. They told us, "It's good to see how (potential staff) do at interview and how they engage with (people using the service)."

The registered manager had arranged for a quality assurance survey of people's relatives to be completed shortly after our inspection. The registered manager showed us some of the feedback they had received. People's relatives had responded positively about the service and the positive impact it was having on their loved ones. Relatives we spoke with felt involved in people's care and felt their views were listened to.

The provider and registered manager ensured support workers views were listened to and respected. The provider operated a staff questionnaire to assess their views about the service. Support workers had used this questionnaire to suggest possible areas of improvement around communication and support. The provider and registered manager had considered support worker comments and took action to ensure their views were listened to. For example, communications were made to support workers about using supervisions and appraisals to discuss their needs, and also using face to face counselling, which was provided by the service. The provider also operated a 'Communications Group' (a group made up of a communication representative / support worker from each of the provider's locations). These groups discussed changes in the services, health and safety issues, staff vacancies and any other staffing issues. One support worker we spoke with acted as a communication representative. They told us how the 'Communications Group' was important for raising staff issues across all of the provider's locations. For

example, they told us how they had raised a concern in relation to support workers being paid their December wages, before or after Christmas. They told us, "I took the communications lead. It gives me ownership. I can raise ideas to the provider and give the opinion of staff."

The service carried out regular team meetings. These meetings allowed the management to cascade important information and discuss people's needs. Management used meetings to discuss changes in the service, such as a recent staff texting service that would be used to offer shifts and feedback from a staff questionnaire. These meetings provided clear guidance for support workers to follow. Support workers we spoke with felt team meetings were important for them to receive the information they needed.

The registered manager and provider carried out detailed audits of both Offa's Dyke and The Orchards to monitor the quality of service they were providing. For example, one audit identified concerns in the decoration of one communal room in the service. Following this visit action was taken to address this concern.

The registered manager sought the feedback and knowledge of external healthcare professionals as part of their systems to identify concerns and drive improvement within the service. For example, recent pharmacy services showed clear improvements had been made by the service. Following their most recent audit in October 2016 there had been no actions made following the audit.

The registered manager and provider worked inclusively with other care providers. For example the registered manager informed us the provider played a key role in setting up the Activities Champion Network in Gloucestershire. The provider was sponsored by the local authority to set up groups and have regular meetings, open to all staff working within social care, to discuss and promote the value of meaningful daytime occupation and engagement.