

Voyage 1 Limited

Orchard Leigh

Inspection report

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Date of inspection visit:
06 December 2019

Date of publication:
08 January 2020

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

Orchard Leigh is a residential care home providing personal care to seven people aged 18 and over at the time of the inspection. There was seven people being support at the Orchard Leigh at the time of the inspection. The service was also registered to provide the regulated activity of personal care in the community as part of the supported living service, however no one was receiving this service at the time of the inspection.

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

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

People were protected from avoidable harm by staff who had been trained to keep them safe. Staff knew people well and the risks associated with people's care and health. They understood how to minimise risks to people and when and how to raise any concerns. People's needs were assessed and care was delivered in line with current practices. Their care plans contained the information and guidance staff needed to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff supported people to take their medicines safely and understood how to prevent the spread of infection.

People received care from a consistent team of staff who had been safely recruited and trained to carry out their role. There were enough staff to meet people's needs and ensure they lived a meaningful life and had access to the community.

People's relatives told us they felt people were cared for by staff who were kind and compassionate. Staff respected people's rights to privacy and dignity and their independence and access to the community was promoted and encouraged.

People were supported with their nutritional needs and to maintain their health and well-being and have access to health care services as needed

The provider and registered manager had systems for assessing and monitoring the quality of the service and implementing improvements where required and managing complaints.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Orchard Leigh

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Orchard Leigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also registered to provide care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person as most people were unable to communicate their views to us. We spoke to three people's relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, two senior care assistants and one member of the care staff team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff continued to keep people safe from harm and abuse. Most people were unable to tell us about their experiences of living at Orchard Leigh; however one person was able to tell us they felt safe living there. Relatives told us they were happy with the care and support given to their relative at Orchard Leigh and had informed the registered manager if they were concerned about people's safety.
- Staff closely supported and monitored the relationships between some of the people in the home to ensure they lived in a cohesive and calm environment.
- Staff and the registered manager were trained in safeguarding and were clear of their responsibilities to report any suspicions of abuse and inform safeguarding agencies if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- Each person had individualised assessments and management plans associated with their personal risks such as accessing the community.
- People's risks associated with their health had been identified, assessed and were regularly reviewed. For example, the management of people's risk associated with their mobility, epilepsy and diets.
- Risks arising from people's behaviours and emotional well-being were managed safely. Information about possible triggers and actions staff should take if people became upset were recorded and known by staff.
- There was a balanced approach to enabling people to retain their independence, live a fulfilled life and manage any associated risks such as the risks and benefits of attending swimming sessions.
- Each person had a personal evacuation emergency plan which could be shared with other professionals in an emergency.

Staffing and recruitment

- People benefited from a stable and consistent staff team who ensured their needs were consistently met. Through our observations and discussions with staff and relatives, we found there were enough staff with the right experience or training to meet the needs of people.
- The registered manager ensured appropriate staffing levels were in place depending on people's support needs and activities.
- The provider's recruitment processes helped to ensure only suitable staff were employed. The provider's electronic system and staff files showed suitable employment and criminal background checks had been completed before new staff started to support people. One person had helped to prepare and present interview questions to potential new staff. The registered manager valued their views and sought their feedback after the interview.

Using medicines safely

- There were safe arrangements and protocols in place for managing and administering people's medicines. People's medicines were stored in locked cabinets in their own bedrooms. Completed Medicine Administration Records (MARs) were audited and stock checks were carried out daily.
- The staff were trained and had their competency to manage people's medicines assessed regularly.
- The service had reviewed each person's prescribed medicines in line with the principles of 'stopping over medication of people' (STOMP) to help prevent the over use of psychotropic medicines. One person had requested to be taken off a medicine which caused them to become drowsy. With support and medical guidance, the person's medicine was gradually reduced. We were told the person no longer uses the medicine, however staff were closely monitoring them.

Preventing and controlling infection

- Staff were trained in infection prevention control. They used disposable gloves appropriately when supporting people with their personal hygiene needs to help prevent the spread of infections.
- The home was clean and tidy. Infection control and health and safety audits were carried out to ensure the home was being effectively maintained.

Learning lessons when things go wrong

- Records of incidents and accidents were detailed. Staff investigated in to incidents when people had become upset to identify if there had been any circumstances or event that had acted as a trigger. This ensured learning from the incident would be taken forward to help prevent re-occurrence. Changes were made to people's care plans to reduce the risk of repeated incidents and shared with staff.
- The registered manager completed a monthly analysis on all accidents and incidents to check if any patterns or trends were developing and if possible preventative action could then be taken.

Is the service effective?

Our findings

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

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

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

- People continued to receive effective care based on current best practice for people. People care needs were holistically assessed using national recognised assessment tools. This helped to standardise and monitor the care they received.
- Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests. People's care plans were person centred, highlighted people's needs and included information and advice from healthcare professionals.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people safely. They had completed the provider's mandatory training and been given opportunities to develop and achieve additional training and qualifications to meet people's needs.
- New staff were provided with a comprehensive induction period which included shadowing experienced colleagues, reading the provider's policies, people's care plans and completing training. They were supported to complete the Care Certificate (a nationally recognised set of care standards).
- Staff received regular support and supervision to review their work practices and personal development objectives. Their care practices and approaches to people were consistently observed by senior staff to ensure they had the skills and knowledge to meet people's needs.

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

- People were supported to maintain a healthy balanced diet and were encouraged where possible to choose healthier options.

People's dietary needs were catered for and met. Staff were knowledgeable about people's specific diets and personal preferences of meals and drinks. Menu options were discussed as part of the resident's meetings. Staff told us that cultural and religious food preferences would be met if required.

- Staff had referred people to relevant healthcare professionals when concerns had been raised about people's diets and risk of choking. Staff had been trained in the management of dysphagia (swallowing difficulties) and people's care plans contained information about the management of people's diets. However, the registered manager planned to review people who had specific dietary requirements with the relevant health care professional to ensure there was clear guidance containing the new food descriptors for staff to follow.

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

- Ramps at the front door and into the garden enabled people to access the property without any barriers.

Some people's ensuite bathrooms were being updated and refurbished to meet their individual needs. Equipment such as specialised crockery and handrails were available to encourage people to remain independent.

- People's bedrooms were decorated in a style of their choice and preferred taste. People had displayed posters, pictures and items of their personal interest round their bedroom.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have equal access to health care services and on-going health care support such as attending regular dentist and opticians' appointments. The outcomes and recommendations of the appointments were recorded and informed the relevant part of their care plan.
- Staff were knowledgeable about people's needs and were kept informed of any changes to people's health and well-being through handover meetings and communication books.
- Relatives confirmed they were informed of changes in people's well-being or care and treatment plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent when they supported them and provided people with as much control and choice as possible in their life.
- Staff helped to educate people to keep themselves and others safe. For example, people were provided with information and possible consequences of unwise decisions to enable them to make informed choices.
- People's mental capacity about aspects of their personal care and life were assessed in line with the principles of the MCA. Records showed that best interest decisions had been made on people's behalf when they had been assessed as not having capacity to make their own decisions.
- Staff care practices were underpinned by the principles of the MCA. They were observed to support people in their best interest and least restrictive manner.
- Restrictions placed on those people with capacity were discussed and agreed with them. The registered manager had applied for authorisation from the local authority to restrict people's liberty who lacked mental capacity when needed. Systems were in place to monitor these restrictions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Relatives reported that they were pleased with the staff team at present and felt they were all kind and caring. One relative explained that there had been a lot of staff changes but the staff team was now stable which had a positive impact on their relative. People were supported to develop and maintain relationships with friends and their families. Relatives told us they felt welcomed when they visited the home.
- We observed that staff were respectful when speaking with people. They adapted their approach when speaking to people who were unable to communicate when providing instructions. For example, they observed people's body language and unique verbal responses to gauge their views and wishes. Staff were being trained to support and encourage people to use sign language to help communicate their needs.

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

- Staff focused on people's personal needs and preferences. For example, a bath was being installed in one person's ensuite bathroom as staff had recognised their love of spending time in water.
- Staff respected people's choice and unique ways of expressing their individuality. They supported people to access and chose from a range of activities and recreational interests such as attending swimming sessions and discos. People went on holiday with appropriate staff support and experienced new activities.
- Staff used alternative strategies to help support people as needed. For example, staff looked at creative ways to encourage one person to sit and relax as they were unable to understand the importance of rest while they were poorly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Each person had their own ensuite bathroom which allowed them to receive their personal care in the privacy of their own bedroom.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed, such as encouraging people to clean their teeth.

Is the service responsive?

Our findings

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

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

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

- People continued to receive care which was personalised and focused on their needs. Staff provided person-centred care which met people's needs. Their care plans provided staff with information about their personal routines, care needs, interests and personal histories.
- Staff ensured people were fully involved in making decisions about how they wanted to be cared for and promoted their equality. Staff supported people to have control and autonomy over their lives and respected their decisions and diverse ways.
- Staff had a good understanding of people's individual needs and had been responsive to people's requests or potential of becoming more involved in decisions about their care. People were encouraged to explore their care and support options at their own pace.
- Staff assisted people to manage their own emotions and put strategies in place to help reduce conflicts between people.

Meeting people's communication needs

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

- Staff took opportunities to assist people to communicate their support requirements, choices and wishes depending on their communication needs and preferences such as sign language, easy read formats, pictorial and word cards.

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

- Each person had a keyworker who took the lead on ensuring people received the care and support they needed and achieving their goals. They continually reviewed the person's needs and kept their relatives informed of their well-being and any changes.
- People were supported to maintain and develop relationships with friends and family. Staff supported people to visit their relatives in their family home or community and provided opportunities to meet with friends.
- People were supported to carry out a range of activities in the home and community depending on their preferences and timetables. For one person, staff had supported them to look for voluntary and paid employment.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure for people to raise their concerns. Keyworkers closely monitored people who were unable to communicate their concerns to identify any signs that they were unhappy with the support they received.
- Relatives knew who to talk to if they were unhappy about the care of their relative. Records showed that complaints had been investigated and comprehensively managed.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. However, staff were monitoring the changing needs of some people.
- The registered manager was sensitively consulting with people, their relatives and other stakeholders to develop an end of life care plan for people, should they require end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new registered manager had been appointed since our last inspection. Since being in post, they had made significant progress in driving good practices across the service to achieve positive outcomes for people and to ensure the service met the regulatory requirements. The achievements of the registered manager and staff had been awarded and recognised by the provider.
- Relatives of people all complimented the approach and support of the registered manager and senior staff and felt confident that the home was well managed. One relative said, "The home has improved massively since [name] has been in post as the manager. She has done marvels there." Staff told us they felt supported and valued by the registered manager One staff member said, "[Name] is very supportive, she always listens to our views and suggestions."

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

- The registered manager had driven improvements across the service which had been reflected in the provider's monitoring systems. The systems used to monitor the service had identified issues and action had been taken to address them and to improve the quality and safety of the service.
- The building, fire safety systems and equipment used to support people to remain safe were regularly monitored and maintained. Plans were in place to update people's ensuite bathrooms. The registered manager and provider had business contingency plan and had considered the possible impact of Brexit on the service.
- The registered manager understood the regulatory requirements and reported information appropriately and responded in line with the duty of candour. Any accidents and incidents were reported, recorded and investigated and actions were taken to help prevent further incidents. The registered manager reviewed the incidents for pattern and trends. People were referred to the provider's behavioural advisor if there was an increase in the frequency of behavioural incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The atmosphere and culture within the home was positive. Staff worked hard to strive to provide best outcomes for people. Care and support provided had been in line with the values that underpin Registering the Right Support and other best practice guidance.

- The registered manager had a visible presence in the service and led by example. This allowed them to consistently engage with staff and people throughout the day. Regular staff and house meetings were also held to hear the views and suggestions of people and staff and share information. Relatives reported that communication from the home had improved.
- Staff worked closely with other services to ensure that people's health and emotional needs were appropriately met.
- People were supported to access the wider community to help promote their presence in the local community as well as maintain their independence.