

Voyage 1 Limited

The Orchards

Inspection report

49 Three Bridges Road
Crawley
West Sussex
RH10 1JJ

Tel: 01293619465
Website: www.voyagecare.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Orchards is a care home providing residential care for up to 4 adults with learning disabilities or other complex needs. The home is an all-male service. The home was formed of one adapted residential building. At the time of the inspection there were 4 people living at the home.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff supported people to achieve their aspirations and goals. One relative said of their loved one being at The Orchards, "It changed my life and changed my view. I've been able to relax. This placement feels much better. It meets (persons) needs."

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Where appropriate, staff encouraged and enabled people to take positive risks. Staff knew the best way to communicate with people. Usually, communication was either verbal or through observing people's reactions to suggestions or actions. We spent time observing interactions between people and staff and these were caring and supportive.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. One relative said, "There's nothing that they can improve on. I couldn't ask for any more. As far as I'm concerned, they are tops."

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 25 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Orchards on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Orchards

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Orchards is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Orchards is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who were using the service about their experience of the care provided. We spoke with 3 staff members including the Registered Manager, and 2 support workers. One support worker was the former manager of the home. They were working towards becoming the trainer for the providers services while still providing some input as support worker at the service. We contacted 4 relatives to seek their feedback on the care and support provided to their loved ones. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment. As well as a variety of records relating to the management of the service, including quality assurance and policies and procedures were reviewed. We contacted a number of professionals to seek their feedback about their experiences of working with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to achieve this.
- Staff had reported incidents appropriately, while the registered manager had escalated concerns to the local authority and relevant bodies, according to their safeguarding policy.
- Staff had received training on how to recognise potential abuse and how to report this appropriately. Staff were knowledgeable about people at the home and recognised that signs would be different for individuals.
- Staff worked with people in specific areas to safeguard them from the risk of abuse. One person, who required support in the community, was supported to understand the potential risks to themselves and others prior to attending activities and shops in the local area. One staff member said, "We developed a social story before he went out. We discussed personal space and what happens, then did some pictorial and written word about what's acceptable and not, so he remembers as he went out. It went really well, and he doesn't need this anymore."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative said, "The safety aspect is the most important thing to me and its much safer than where he was before. There's someone there for him all the time."
- People's safety was well managed, and ongoing risks had been assessed. Risks in areas such as their health, the activities they undertook and relationships they formed were reviewed and monitored. Staff sought additional specialist support to ensure that risks were safely mitigated, such as SaLT (Speech and Language Therapy and Positive Behaviour Support). One relative said, "They identify where his difficulties are. They quickly identified that and put the safety things into place. I was so impressed by that."
- People were involved in the process of safety management and understanding what risks were. For example, we saw pictorial records of one person demonstrating how to safely use their specialised bed and wheelchair, how it operated and how they wished to be supported safely.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. One relative said, "They've proved to me that they've done the deprivation of liberty well, so this protects his safety."

Staffing and recruitment

- There were sufficient staff to keep people safe, provide one-to-one support for people and to take part in activities and engage in tasks they wanted. Our observations, staffing schedules and feedback from relatives supported this.
- Some people had been assessed as requiring one-to-one support and we observed this taking place. Staff supported people when they needed it and were responsive when people made requests for information and help throughout the inspection.
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were safe systems in place to ensure that people's medicines were administered safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and assessed for their competency. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- For example, one person had a detailed person-centred care plan to support staff safely manage a prescribed pain controlling medicine. A detailed understanding of the person's needs allowed staff to explore other less restrictive options to manage the person's pain.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons were learnt when safety incidents and accidents had occurred.
- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Systems and processes were in place to review incidents and accidents. Actions had been taken to mitigate further occurrences and support had been provided to those affected.
- When incidents had occurred that had involved the management of people's anxieties, positive behaviour support plans had been reviewed and updated if necessary. Staff were knowledgeable about people's needs and consistently looked to improve people's support. One relative said, "There's was an incident once. It's very hard for him to tell others about his emotions. He shows emotion in different ways. I suggested about picture exchange. They are very good in that respect." We observed the person using this pictorial device effectively when communicating with staff and the inspector.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; 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

- People were supported in an open and inclusive service where staff delivered good quality person centred care.
- The registered manager promoted a culture that was based around supporting people's needs while developing skills and providing good quality of life. The registered manager ensured that staff were suitably trained and focussed on delivering care and support that ensured good outcomes for people. One relative said about their loved one, "His confidence has grown since he's been at the Orchards. When he's there he's encouraged to be more independent. He's learnt new skills since he's been there."
- Feedback was positive about the registered managers approach and focus on people at the home. One staff member said, "He never hesitates to ask if he's unsure of something. He is very, very nice. I don't think I could ask for better. He is kind and has very good values. I can't fault him." Another staff member told us, "He is a lovely man and I love my job. He is very approachable and just a phone call away." One relative said about the development of their loved one, "Staff listen. They help him with things like his teeth, but they also give him a level of independence. I've seen progress in him."
- Staff spoke enthusiastically and with knowledge about people's needs. Care planning was detailed, promoted positive risk taking and person centred.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider understood the importance of continuous learning and had effective quality assurance systems in place to monitor care and drive improvement. Regular audits were completed in areas such as health and safety, people's finances, cultural checks, and care plan reviews. One staff member said, "(The registered manager) is always looking to solve any issues and make things better. He asks what approaches have been done before to understand. He wants to do well for the service, it's very apparent."
- The provider undertook regular audits and worked with the registered manager on actions plans to drive improvement.

- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service.
- Staff were clear about their roles and responsibilities. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support.

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

- Staff encouraged people to be involved in the development of the service. Key worker meetings were held to review and plan people's outcomes and views about their support.
- Meetings were held with staff to seek their feedback while people had keyworker meetings to review their support and determine what outcomes they wanted to achieve.
- People were encouraged to be involved, and participated actively, in the running of the home. People told us, and we observed, a genuine desire to be active and contribute to supporting the home with cooking, cleaning and tasks. People took pride in their contributions. One person said about staff, "They help me to keep active which I like. I do house jobs and it keeps me busy which I like."
- Relatives told us that management were receptive to their opinions, as well as their loved ones, and acted upon these. One relative said, "They do listen and that's a very good thing. They really listen to you." Another relative said, "They've made up a book so he can choose. For example, a meal plan. He was able to choose and was able to contribute a little bit more to making those choices."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as GP's, Speech and Language Therapists and local authorities who funded people's care.
- When staff identified changes in need for people, appropriate referrals and notifications were made for external health support.