

# Cygnet (OE) Limited

# The Orchards

## Inspection report

Station Road  
Thorrington  
Colchester  
Essex  
CO7 8JA

Tel: 01206250676  
Website: [www.cygnethealth.co.uk](http://www.cygnethealth.co.uk)

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## Ratings

|                                 |                                |
|---------------------------------|--------------------------------|
| Overall rating for this service | Inspected but not rated        |
| Is the service safe?            | <b>Inspected but not rated</b> |
| Is the service well-led?        | <b>Inspected but not rated</b> |

# Summary of findings

## Overall summary

### About the service

The Orchards is a care home providing support for up to five people. The service provides care and support to people with mental health or learning disability and complex needs. Care is provided in a large adapted house close to amenities in the local community. At the time of our inspection five people were using the service.

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

People were positive about their experiences at the service and told us they were happy living there.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting underpinning principles of Right support, right care, right culture. Staff promoted people's independence and care was personalised to each individual person's needs. Staff supported people to develop confidence to live full lives.

We received information of concern that the provider may not have shared information or taken action across the organisation following a specific incident at another location.

We found systems had been put in place to share learning with staff through briefings, guidance, supervisions and meetings. We saw additional support and training had been provided to staff on closed cultures and there was an independent 'Freedom to speak up' service staff had received further training and information on.

There were systems in place to provide a good oversight of the service with additional audits and monitoring by the management team.

The senior management team were more visible and held regular briefings with staff. Registered managers were supported with the providers initiative 'project best'. Where through regular coaching meetings registered managers were supported to drive improvements in outcomes for people.

Rating at last inspection: The last rating was good report published 4 July 2019.

Why we inspected: We undertook this targeted inspection to follow up on specific concerns we had about the provider. The inspection was prompted in response to concerns received on safeguarding and culture. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# The Orchards

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had shared learning from a specific concern across the organisation. We will assess all of the key questions at the next comprehensive inspection of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The team consisted of one inspector.

#### Service and service type

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

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of care provided. We spoke with the service manager, regional director and three members of care staff. We reviewed three staff files and information held in relation to safeguarding.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits, quality assurance records, support plans and an investigation report.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check that a specific concern the provider had addressed in other services, had been shared and learning implemented. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- The provider had systems in place to support staff to raise concerns. These included policies on 'whistle blowing' and 'freedom to speak up' with external contacts from the service staff could call confidentially to report concerns.
- One member of staff told us, "The freedom to speak up advisor came and spoke to us about raising concerns and calling them. We have posters up and the telephone number to call. I am not afraid to speak up"
- Another member of staff said, "I would report any concern to the highest level and get it investigated to make sure people were safe."
- We observed people were relaxed in the company of staff and others and told us they were happy living at the service. One person said, "If I had any complaints, I would tell the advocate." An advocate is an independent person who can support people have their voice heard on all aspects of their care.
- The service manager raised concerns appropriately when required to external authorities such as the CQC and local authority.
- We saw when concerns had been raised the service manager and provider had taken immediate steps to ensure people were safe and to thoroughly investigate these.

Staffing and recruitment

- There was a consistent staff team at the service.
- Staff knew people well and were able to describe in detail how people liked to be supported.
- One person told us, "I have a key worker, I like going to the cinema with them and for something to eat." A key worker is an identified member of staff who works closely with the person to have their needs met and achieve their goals.
- The provider had a robust recruitment process in place. Staff were interviewed to see if they were suitable for the role they were being employed for. Records were kept of the interview and answers given, references were sought, and full employment history obtained.
- An up-to-date Disclosure and Barring certificate (DBS) was obtained before staff commence work to ensure they were of suitable character to work with vulnerable people.
- Staff received an induction to the service had regular meetings to review their performance and to see if

they needed any additional support.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check that a specific concern the provider had addressed in other services, had been shared and learning implemented. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was a positive culture at the service.
- Staff spoke positively of the people they were supporting. A new member of staff told us, "It is a lovely service, people have choice over everything they want to do, and we support them." Another member of staff said, "We want people to be happy and well, to stay in contact with their family and access the community to do what they enjoy doing."
- People told us they were happy living at the service. One person said, "I like my room, I go out shopping and I can shop on-line. I like going out walking and staff come with me. I talk with my family on the phone and laptop."
- People had support plans in place which were person-centred aim at building on people's wants and wishes to support them to live independent lives.
- Each person had identified key-workers who worked closely with them. People spoke positively about their key-workers and the support they gave them. People also had choice over which staff they wanted to be their key-worker.
- People joined in weekly meetings to discuss all aspects of the running of the service and living together. One person told us, "We talk about respect." We saw meetings had actions and outcomes so that any concerns were addressed. One person asked for a larger laundry basket and they told us this had been bought for them.
- An advocate spoke with people weekly individually if they chose and also as part of the weekly meetings. The advocate is an independent person from the service who supports people if they wish, to have their voice heard.

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

- Staff were clear about their roles, quality performance and regulatory requirements.
- Staff had regular supervision meetings with senior staff to discuss their role, how they supported people, any changes in policies or training requirements they may have. We saw the meetings were meaningful and were a two-way conversation. One member of staff said, "We spent most of my last supervision talking

about the training I want to do around food handling."

- We saw the provider supported the service manager and staff with up to date information and guidance, and shared lessons learned across the organisation.
- The service manager also shared lessons learned at the service with staff both positive and negative to improve outcomes for people. For example, positive feedback they had from an external healthcare professional on how they supported a person with dignity to make their own decisions, and how a difficult situation a person had experienced was successfully de-escalated.
- The service manager understood their responsibility under duty of candour to share information in an open way when things go wrong. We saw there was a proactive approach to investigations and addressing issues.