

# Voyage 1 Limited







# Orchard Leigh

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This unannounced inspection took place on 24 and 25 March 2015.

Orchard Leigh is a care home for up to seven people with a mild to moderate learning disability, autism or sensory impairment. The service also provides personal care to one individual in an adjoining flat. Orchard Leigh is situated on the outskirts of Cheltenham.

There was a registered manager. 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.

Medicines were administered safely and there was detailed information for each person about, 'How I like to take my medicines' which the staff followed. Individual medicine storage did not comply with the recognised safe standard and was unsafe. The provider was not meeting the requirements of the law by not ensuring medicines were managed safely.

Staff supported two people in the community and travelling time reduced their time caring for people in the

# Summary of findings

care home and affected continuity of care. The registered manager clearly recognised this but had employed additional staff and planned to recruit more bank staff. We recommend there are sufficient numbers of suitable staff to keep people safe and meet their needs.

People were safeguarded because staff knew how to raise concerns and were trained to identify different types of abuse. Staff knew people well and how they liked to be supported and cared for. Staff had the skills and knowledge to meet people's needs which included qualifications in health and social care. Visiting healthcare professionals told us people were well cared for, were supported to achieve through their individual strengths and were happy and secure in the home.

Staff respected people's personal wishes and treated them as individuals. Care plans were personalised and people were involved in planning their care as much as possible. Staff were trained to support people's independence and improve their quality of life. People were given choice for their meals and activities which were individual and well planned. There was a wide variety of activity choices that included visiting a sensory centre, local markets, cinema trips and local community groups. People went out in the community most days if

they wanted to. Weekly meetings were held where people discussed their activity and food choices and could raise any concerns. Relatives told us they had no worries about the care and support provided and people "loved" living there.

Staff communicated well between shifts during handover meetings to provide continuity and pass on important information about people's support. The registered manager and deputy manager provided good leadership and management. The vision and values of the service were apparent in how people were treated with respect and encouragement. The quality of the service people received was continually monitored and action was taken when required. Staff clearly felt well supported and motivated in their roles.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed this inspection at a time when the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 were in force. However, the regulations changed on 1 April 2015; therefore this is what we have reported on. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 not consistently safe.

People's medicines were not managed safely as storage facilities were not safe or secure.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. Risk assessments were completed which reduced risk for people helping to keep them safe and independent.

People were not always supported by sufficient staff. The deployment of staff was inconsistent with effective care and support for people in the care home. We recommend there are sufficient numbers of suitable staff to keep people safe and meet their needs.

People were protected by thorough recruitment practices and staff induction to the service.

Requires improvement



### Is the service effective?

The service was effective.

The staff were well trained, knew people's individual care needs well and looked after them effectively.

People had access to healthcare professionals to promote their health and wellbeing.

People were supported to make decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect people when they needed support for certain decisions in their best interest.

People had a choice of meals and were supported by professionals when required to ensure food was given safely.

Good



### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

Staff respected people's personal wishes and treated them as individuals.

People were involved in making decisions about their care and support and encouraged to be independent.

Good



### Is the service responsive?

The service was responsive

Staff knew people well and how they liked to be cared for. People were involved in decisions about their care.

Good



# Summary of findings

People took part in activities in the community. They were able to make suggestions for new activities during regular discussions with the staff.

**Is the service well-led?**

The service was well led.

The home was managed well and regular quality checks ensured that improvements were made.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

**Good**



# Orchard Leigh

## 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 is 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 24 and 25 March 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert had experience in caring for people living with autism.

Prior to the inspection we looked at the information we had about the service. This information included the

statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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 used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with the registered manager, the deputy manager and three care staff. We spoke with five people who use the service and one relative on the telephone. We looked at four care records, recruitment records, the staff duty roster, quality assurance information and maintenance records.

We contacted a GP practice and the Gloucestershire County Council learning disability quality review team.

# Is the service safe?

## Our findings

Individual medicine storage did not comply with the recognised safe standard and one cupboard was broken and unsafe. We discussed this with the manager who had looked into providing more secure individual cabinets for people. The registered manager transferred a medicine for pain control to a secure cupboard in the office during the inspection.

### **This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We observed staff administer medicines to people individually in a safe way. There was detailed information for each person about, 'How I like to take my medicines' which the staff followed. One person was able to self-administer their prescribed topical cream and there was a guide for them to show where it should be applied. People's health care plans had medicine reviews recorded. The medicine records were complete and had a daily running total of each medicine which ensured that people had received them. Weekly visual medicine checks and a monthly audit was completed. Medicines given as, 'when required' had a written protocol for staff to follow. One 'when required' protocol was for a person who may have pain and described how the person would communicate their pain. There was no information in the protocol for what to do if the pain remained after medicine was administered which may need to be discussed with their GP. The provider information return told us there had been four minor medicine errors. There were no reportable errors involving medicines where people were harmed in the last 12 months. Staff completed administration of medicines training annually and were observed by senior staff three times to maintain safe standards.

Seven people were living in the home and two people were out from 9:00 to 15:00 hrs for four days each week on activities. The staffing levels were usually three care staff all day excluding the registered manager who worked full time. The registered manager told us that regular bank staff were used quite often to ensure people were supported with activities. Bank staff are staff called upon to provide additional support when necessary, for example when

permanent staff are absent or when extra staff are needed for activities in the community. People's behaviour had not challenged staff but additional staff would be on duty when they were required.

The computerised staff duty roster was colour coded to identify when the care staff were required to support one person in the community and one person in a supported living flat. Although care hours were calculated and provided, the deployment of staff out in to the community impacted upon the effective care and support for people in the care home. Any member of the permanent care home staff could be used for outreach care and support and this took them out of the home for short periods. We discussed with the manager the lack of continuity of care for people in the care home when staff completed other support roles outside the home at varied times. The registered manager agreed that in future regular bank staff could cover the outreach support.

A member of staff told us that sometimes they could do with more staff on duty. Another staff member told us the travelling time to provide outreach care lessened their time caring for people in the care home. The registered manager clearly recognised this but had employed additional staff and planned to recruit more bank staff. We recommended there were consistently sufficient numbers of suitable staff for continuity of care.

The provider information return told us that risk assessments were in place to support staff and people to ensure that tasks were completed safely. Individual risk assessments for people were detailed and helped to promote their independence while remaining safe. Staff told us maintenance issues were dealt with on the day or within a week. A six monthly maintenance audit review was completed where risks were identified. There was no timescale recorded for non-emergency maintenance issues. A fire risk assessment and personal evacuation plans were recorded and recently updated. During the inspection a time scale was set for a new fire door to be installed in four weeks. We observed a well organised fire evacuation during our visit.

There was a safeguarding adult's policy and procedure which was updated in October 2014. There was a flow chart for staff to follow when reporting any safeguarding concerns. All staff had completed safeguarding training annually and had a good understanding about the different types of abuse and how to safeguard people. The staff

## Is the service safe?

knew about 'whistle blowing' to raise concerns about people's care. A member of staff told us they felt they would be fully supported by the management should they need to 'whistle blow'. They said, "Every person [staff member] here would have the confidence to stand up for a service user". Another member of staff told us, "Everyone here knows how to whistle blow and head office are great about it if we don't know the answer to something, encouraging us to ring up if we are in doubt no matter how small we might feel it is" and "We have rung about a few things just to check with head office but they didn't turn out to be anything and they were great". Safeguarding incidents had been reported correctly and the provider took appropriate action. There had been no safeguarding incidents in the last 12 months.

Recruitment procedures were completed thoroughly and made sure suitable staff were recruited to keep people safe.

Accident and incidents and the action taken had been recorded on people's individual daily record and their monthly care plan review. However, there was no regular audit of all accidents to monitor themes and reflective practice for preventative measures. The registered manager told us they looked at all the accident and incidents records before they were filed and a copy was sent to the provider.

Financial procedures were followed by staff to safeguard people's personal monies. We saw a person handle their own money with support from a member of staff. They used a calculator to add money to their record after withdrawing it from the bank. Monies were safely stored and signed by two staff.

**We recommend there are sufficient numbers of suitable staff to keep people safe and meet their needs.**

# Is the service effective?

## Our findings

The records informed us staff training was mostly up to date. There was 3% of training outstanding which was planned for completion. It was clear when staff completed their training and when it was next due. Examples were safeguarding adults and fire safety completed annually, manual handling and medication administration completed every two years and first aid, infection control and food safety completed every three years. The system used alerted the registered manager to make sure staff completed their training on time. A member of staff told us they completed a detailed induction to their role, read procedures and had shadowed experienced staff to watch how they supported people. They had completed the theory and practical training for physical intervention to make sure people were supported safely.

A new member of staff told us they were fully supported and the staff team had shared their knowledge well with new staff which helped them in their role. They told us, "The manager didn't let me go onto the floor [in the care home] until I had finished the training". They explained the training was mostly computer based but staff trained them in areas they were unclear about. They said, "The computer training isn't great and it didn't exactly fill me with confidence but when introduced to the residents I was fully supervised and supported. I had lots of shadowing shifts". Another member of staff told us that the physical intervention training was probably the most useful but physical restraint was not used routinely. A staff member told us they felt they had a great education from the managers to write care plans and understand the meaning of personalised care which the home used.

The majority of permanent staff had completed or were completing a diploma in health and social care. There were eight bank staff and all staff completed the many areas of training required by the providers to make sure people were well supported and safe. Some staff had completed specific training, for example about autism spectrum. We discussed with the registered manager the need to ensure staff had completed specific training to support a person with epilepsy. The registered manager told us they would make sure all staff completed epilepsy training soon.

Formal supervision of staff was shared between the registered manager, deputy manager and two senior care staff. Staff told us they had formal supervision every three

months and annual appraisals. They told us they were well supported by the registered manager to complete required training. One staff member had requested supervision more often and this was provided.

Staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. The service had applied for DoLS appropriately for all people and professionals from the local authority assessed whether the restriction was needed. The registered manager understood the procedure to follow to ensure people's rights were protected. We looked at two DoLS standard authorisations for people and the registered manager had created an alert on the computer calendar to ensure they were renewed within 12 months if required. CQC had been notified about the DoLS authorisations as required. Peoples care plans recorded their mental capacity assessments and when 'best interest' decisions were made. Staff knew how to apply the MCA and supported people to make their own decisions when they could.

In the kitchen there were multiple choice and communication boards on the walls. Staff explained people chose during house meetings what they would like for their meals and communicated this with the aid of a picture book of meals. People's choices would then be displayed on the board for the day. One staff member told us sometimes people had chosen lots of unhealthy meal choices and when that happened the staff would support them to choose a healthy alternative.

We observed lunchtime where staff and people ate together at the kitchen table. There was a calm and friendly atmosphere where staff engaged with people. Staff made every effort to understand what people wanted to say. The staff would really engage with people and try to find out what they needed support with or would simply bring them into the conversation of the table.

There were plenty of staff available to support the four people at the table as three staff sat with them. There was a very relaxed atmosphere with people clearing the table as they finished without any prompts and leaving calmly when they wanted to. The lunches were all made to



## Is the service effective?

people's individual requirements. The meal of the day was chicken salad and they were made how people liked them. Variations for example were for a person who did not like green salad and was given more peppers and bread. When one person didn't like the salad they were offered encouragement around trying a little more then offered an alternative. This person made themselves a crisp sandwich as an alternative. Another person asked for jam on toast which was brought to them with some yogurt.

The speech and language therapist had completed a communication booklet for one person. This stated they had their food cut up, used a plate guard to assist them and had liquid medication as they were at risk from choking. The staff knew which people were at risk from choking and people always ate with staff support.

People had complex needs both physically and emotionally and their healthcare plans had detailed information about their assessed needs and the support they had from healthcare professionals. Healthcare plans were reviewed six monthly or more often when there were changes. One healthcare plan required updating as the person's medication for pain relief had changed. Healthcare professionals told us that people there were well supported and cared for

All visits from healthcare professionals were recorded along with the outcome for people. One person had attended a well woman's clinic. People's weight was monitored and their oral health was maintained by visiting a dentist. Care plans were updated on the computer system and reprinted.

# Is the service caring?

## Our findings

People were treated with dignity and respect. We observed the staff and registered manager talking to people in a kind and friendly manner. A relative we spoke with told us about the service. "Couldn't be better, staff are always kind and have looked after her [relative] well for seven years". The relative also said the registered manager was easy to talk to and the staff had taken their relative to see them at their home. Staff had used the information from the relative to help the person communicate to them when they had pain. The person called any pain "baddy" and so did the staff.

A staff member told us they always knocked on people's door and said all staff do the same. We observed staff supporting people in a calm and friendly way. When the fire bell was activated staff helped people exit the home in a calm manner to avoid anxiety. One person was very anxious hearing the sound of the fire alarm and gentle persuasion was given to ensure they were safely out of the home. A member of staff told us, "I enjoy my job helping people have a better life".

Staff told us what people liked doing and seemed to know them all really well. Staff knew people's individual communication skills and when to let people have a quiet time alone. We looked at an example of a communication booklet for one person that a speech and language therapist had provided with lots of pictures to aid communication. The registered manager planned to have the same detailed portable communication booklet for each person. Staff spent time with people and had pleasure in taking them to places they liked to go for example out for a coffee or the cinema. Staff had completed training in equality, inclusion and communicating effectively.

People's rooms were personalised with their favourite things and pictures. The well maintained and attractive environment helped to create a place where people would

feel valued and respected. The provider information return told us people were supported and encouraged to keep in touch with their family and were taken to visit them monthly or twice monthly. Other people had family visit at the home in the privacy of their own room. Several family members contacted the service by phone to ask how individuals were as some people supported had no verbal communication. Healthcare professionals that visited told us people were well cared for and supported to achieve through their individual strengths and were happy and secure in the home.

Staff spoke respectfully to each other and this had created a positive atmosphere where people's wishes were paramount. People had various simple tasks they could complete each day and were encouraged by the staff to complete them. People were not made to do anything they didn't want to and staff had recorded any reasons for not completing them for example 'too tired'.

One member of staff told us they felt communication between staff was really good, they said "Good feedback is a really good thing here, it's often that people and staff are recognised for their contribution to the home and that's really nice". There was a keyworker system where each person can choose which staff gender they prefer, this ensured female people were supported by female staff members. Keyworkers made sure they liaised with a person's family and health and social care professionals to support and meet their personal needs. Keyworker meetings were used to plan meals, events and activities with people.

A person with an increased need for pain management was supported sensitively and their relatives were aware of the outcome. The person had no understanding themselves of the cause of the pain. Best interest decisions with healthcare professionals were recorded and plans for the future were ready to use when required.

# Is the service responsive?

## Our findings

Each person had detailed personal care guidelines that were reviewed monthly or more often when required. Daily records were completed and people's activities and general wellbeing were recorded. There was also an annual review where family and social workers may attend to make sure people had the best possible support. One care plan we looked at had a specific healthcare issue. There was detailed information to make sure staff recognised change and supported the person effectively. A 'best interest' meeting had been held to discuss future palliative care support and their relative was involved in the discussions. Important information from the daily records was transferred to the care plans and all staff read people's individual care support plans.

We observed a clear handover between staff at shift change where important information was discussed and recorded about each person for the day. People's mood, their health and welfare, activities they had completed or planned and relevant communication with their family were all discussed with compassion for people. It was evident the staff had people's best interests at heart and wanted to ensure they were well supported and cared for.

There was a moving between services booklet for people called a 'care passport'. The booklet described what worried people, what was important to them and their preferences which included moving and handling information. The information was updated annually or when there were changes and would accompany people should they need to go anywhere, for example into hospital.

Senior staff planned each shift daily on a white board where people's activities and appointments were recorded. There were a variety of activities planned the week visited. The staff told us about daily trips out with people they said, "Once a day there is at least one day trip, sometimes more" and, "They [people] love to go out for tea and coffee, they are really fond of that". Another staff member told us about the activities and showed us the activity choice board. There was a wide variety of activity choices that included visiting a sensory centre, local markets, cinema trips and local community groups. Staff told us, "Every so often we organise big trips to theme parks but these take more planning and need to be thought about in detail beforehand". A staff member told us the manager and deputy manager really encouraged trips out and worked well together creating a confident staff team.

There was a complaints procedure and an easy to read poster called 'See something say something'. There was also a book where people's concerns were recorded but there had not been any recent concerns. The manager had thoroughly investigated a complaint last year where a neighbour had complained about parking nearby to the satisfaction of the complainant. There were no concerns raised by the health and social care professionals we contacted before the inspection visit. Weekly meetings were held where people discussed their activity and food choice and could raise any concerns. There were no concerns raised at the last meeting with people in February 2015.

Compliments from relatives were in the quality assurance questionnaires and included, "We are very happy with [the person's] care", "We have no worries" and "{the person} loves Orchard Leigh". We observed that staff spoke respectfully to people and other staff members.

# Is the service well-led?

## Our findings

The staff communicated well each day through handovers between shifts and in the communication book. There was a lot of information about people in the communication book which was not always transferred to people's individual daily record for review. There were regular recorded meetings for staff and people. Staff told us there were monthly staff team meetings, house meetings for people and key worker meetings. A member of staff told us the meetings are regular and sometimes they are postponed but not ignored. They said, "It can be difficult to fit them all in but we do".

Six people attended the February meeting and made suggestions for their meals and individual activities. The registered manager told us that various methods of communication were used at meetings to include cards with 'yes' and 'no' on them and pictures of meals to choose from. People had wanted meals out, walks, day trips and to go 'tubing' at the local ski centre. The registered manager told us the person had been to the ski slope to look at prices for 'tubing' and meals out and walks were completed. The registered manager also told us about planned trips to a safari park and a chocolate factory. People were asked if they were happy with their bedroom and three people were able to communicate they were.

As part of the services quality assurance system relatives or supporters of people were asked annually for their opinion of the service. The review in June 2014 from six families had actions for improvements. We looked at the questionnaires completed and a relative had said, 'I have always found all the staff at Orchard Leigh, especially the manager, particularly friendly, kind and supportive'. Two families said they were satisfied that people were involved in making everyday decisions about their lives. Other families said people had a lot of choice of what they liked to do and were pleased with the activities taken part in. All families indicated they were very satisfied with the staff and the care provided. Planned actions had been completed with the exception of the quarterly newsletter for relatives.

The staff team meeting in February 2015 discussed people's individual care and support and general topics. Topics included infection control, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, safeguarding

procedures and medication errors. Staff had to read and understand these important topics which helped to protect adults. There was discussion about arranging people's individual holidays and where they most liked to go. Staff were given tasks to complete before the next meeting.

The provider completed quarterly quality audits where areas looked at were either passed or failed. The registered manager produced an action plan to make sure that the areas that failed were addressed. We looked at November 2014 provider's quality review and most areas passed and there was a 94% pass rate by February 2015. For example medication checks and staff supervision had been completed.

We looked at Gloucestershire County Council quality visit completed in December 2014 and we were updated by the registered manager that all the areas identified for improvement were completed. This included the recently updated personal evacuation plans for people. DoLS applications had been made because people were unable to open the secure front doors as only staff had the fobs to access them. The service had completed various audits for quality assurance to include fire safety, medication and health and safety.

The registered manager told us the vision and values of the service was to improve the quality of life for people and support staff and people with a passion for the freedom to succeed. Future plans for improvement included a regular newsletter for families and to promote staff through training to reach their full potential. All staff we spoke with said they really enjoyed the job and felt it was a great place to work. One staff member said, "The manager here is amazing I've never had a better one". The deputy manager explained they also felt, "It's a great place to work" and "A great manager here and I've learnt a lot from them". Staff told us there was transparency in the home and they were encouraged to understand everything. The staff also told us that the registered manager gave good instructions and feedback to staff which helped staff to find new things for people to do. An example was finding a new sensory centre in town for people to visit.

Feedback from healthcare professional told us the staff had a positive attitude about people's care and the home was well run. They told us that documentation was always up to date and relevant.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with the proper and safe management of medicines. Regulation 12 (1) and (2) (g)