

# Insight Specialist Behavioural Service Ltd

# Orchard Cottage

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
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

Orchard Cottage is an adapted residential care home providing personal care for up to 3 people. The service is registered to provide support to younger adults with a learning disability and/or autistic people who may have care needs around their physical disability or sensory impairment. At the time of the inspection 3 people were living at Orchard Cottage.

The service had been developed and designed specifically for the individuals living there. The premises consisted of a bungalow with a communal kitchen and flat for 1 person, which had a lounge and large bedroom with ensuite's facilities. To the rear of the property, an annex was built which included 2 separate flats, consisting of an open plan lounge, kitchen and dining area and large bedrooms with en- suite facilities. They had two garden areas; one was specifically for a person who required their private space.

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

**Right Support:** People had received excellent care responsive to their needs. Care plans were individualised, including wishes and preferences. People and relatives were included and involved in planning personalised care. Outstanding results were achieved for people both socially and for their health needs. Risks to people were well managed through in-depth risk assessments inclusive of health conditions. Activities were individualised and meaningful to people, excellent outcomes were achieved to prevent social isolation. People received support by well trained staff, who had specific training to meet individual needs. The service had their own positive behaviour support team who were dedicated to achieve good outcomes for 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.

**Right Care:** People were cared for in the right way by staff who were kind and compassionate. We observed kind interactions by staff who knew people well. Relatives we spoke with, spoke highly of the staff and felt their loved ones were well treated, always putting their needs first. People were encouraged to remain independent and were given a choice about the care they received daily. Communication needs were explored on a personalised level to ensure this was possible. Staff were able to tell us how people preferred to communicate and had specific skill sets, such as Makaton and British sign language training.

### Right Culture:

The registered manager, deputy manager and provider were visible and supportive to both people and staff.

The culture of the service was friendly, open and transparent where people's and staff voices were listened to in order to continually improve the quality of care. Staff spoke highly about the registered and deputy manager and felt supported within their roles. Relatives felt leaders were inclusive and supportive at all levels to ensure both them and the person living at the service was included and empowered.

Quality assurance systems were in place to have oversight at the service. When needed actions were taken and improvements were made. The registered manager understood their regulatory responsibilities and worked in partnership with others to continually improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

#### 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.

#### 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.

### 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Orchard Cottage

## 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.

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 inspection was carried out by 1 inspector.

#### Service and service type

Orchard Cottage 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. Orchard Cottage 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

This inspection was unannounced.

### What we did before the inspection

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 reviewed information we held about the service, including intelligence we gathered during a monitoring call with the registered manager in August 2022. We also reviewed feedback submitted by people using the service as part of our monitoring activity. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person who used the service and 2 relatives and an advocate about their experience of the care provided. We met with the registered manager, deputy manager, operations manager. Spoke with 3 care workers and the positive behaviour support and health co-ordinator. We looked at written records, which included 3 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff attended training in safeguarding and knew how to report any concerns they had, including with other agencies if necessary. Staff told us, "I would report concerns straight to [registered manager] or above her if necessary. We can also contact Kent County council. If it is severe or an immediate threat, I would go to the police."
- Relatives we spoke to feel their loved ones were safe. Relatives told us, "[Person] is absolutely safe from harm and abuse, I feel very, very confident about that."

Assessing risk, safety monitoring and management

- Risk assessments were in place to safely monitor and manage risks to people. People had complex health needs and robust risk assessments were in place to support staff to safely look after them. One person had a health condition that made them susceptible to infection. Risk assessments informed staff on how to recognise early signs of infection and how best to support them.
- The service had an internal positive behaviour support team (PBS) who looked at risks associated with expressing anxiety or distress. One person would bite clothing and other objects when extremely anxious. The PBS team worked closely with them, to identify triggers and how staff can support them to reduce this.
- Environmental risks were well managed. Risk assessments were in place for fire and electrical safety checks were completed. Any associated actions were taken and recorded as and when required.

Staffing and recruitment

- There were enough staff in place to meet people's needs safely. Staff knew people well and even when agency staff were needed, they did not work with people they did not know well. Permanent agency staff were being used during recruitment of full time staff.
- People had support by staff dependent on their level of need. Where people always required support from two care workers, this was in place. Care to people was only provided by staff they were familiar with to ensure people did not become distressed.
- Staff were recruited safely. Staff files included staff work references, identity checks, a full employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people. Staff we spoke with felt there were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed safely. We reviewed a variety of people's medicines administration records (MAR). MARs were signed appropriately when medicines were administered and clear guidance when they were handwritten.

- Medicines were stored safely in people's rooms. Locked cabinets were in place and all medicines and records were safely stored. Temperature checks were carried out to ensure medicines were stored at the correct temperature. Any medicines that were required to be kept in the fridge were done so safely.
- When required medicines had protocols in place. This enabled staff to support people with these medicines when they required them. Other information was stored for staff relevant to people's needs. For example, where a person had a percutaneous endoscopic gastrostomy (PEG) in place. Documents and guidance was in place for staff on how to use the equipment.

#### 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.
- The service was clean and free from odour. People were encouraged to be involved with keeping their flats clean and tidy. The registered manager had processes in place to monitor the cleanliness of the service and ensure infection control procedures were followed.

#### Visiting in care homes

- Visitors were allowed to visit their loved ones whenever they wanted. There were no restrictions on visitors.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Incidents were recorded and actions were taken by the management team. An analysis was carried out to help prevent recurrence.
- Changes were made to the exterior of a person's flat to help ensure all people living at the service were safe and happy. Increased anxieties occurred and people expressed distress when a person became loud and disruptive. Appropriate measures were taken in everyone's best interest and an improvement was noted for all people living at the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's needs were thoroughly assessed before moving into the service. The registered manager explained the importance of ensuring the placement would be right for the person moving in. Considerations were made to people currently living at the service to ensure everyone would be happy in the same environment.
- Documents were put in place including risk assessments to help ensure a safe transition into the service. All relevant information was included for staff to ensure clear guidance was given on people's complex needs. This was to ensure minimal impact to the person moving in.
- Care plans were detailed and clear. Guidance was used in line with standards to ensure best outcomes for people. Care plans were reviewed regularly to ensure all relevant and up to date information were included, this included reviews with families.
- Relatives we spoke to were positive about the assessment and care planning processes. Relatives told us, "They took the time to see if they were the right place for [person]. They didn't just want to fill a bed; it was about what was right for [person]. We are involved with the care plan, every 6 months we have reviews, we set goals, it's excellent."

Staff support: induction, training, skills and experience

- Staff had appropriate induction, training, skills and experience to support people effectively. Staff received a thorough induction into the service, which started with days of reading people's individual plans and risk assessments. Shadow shifts were given, and staff were not to work alone with people until they knew them well, this included agency staff.
- Inductions and training were specific to each person and their needs. Staff were introduced to people in a way that was safe for them, so they felt comfortable. Training was thorough and different training opportunities were offered to staff such as in British sign language.
- Staff we spoke with felt they had received enough training to effectively look after people. Staff told us, "Yes, we have a lot of training, always have refresher training and online training. If there is something we want to learn, it is made available."

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

- People were supported to eat and drink to maintain a balanced diet. People were involved in what they would like to eat. A 6-week plan was in place, but this was not set and people could choose daily what they would like.
- Some people living at the service liked to be involved in prepping and cooking meals. This was encouraged and staff helped people prepare their own meals and for others too. This including regular

baking days for 1 person.

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

- Staff worked with other agencies to provide consistent effective care. When a person moved into the service, they worked closely with another specialist provider to ensure an effective transition. Staff attended activities set out by previous provider to get to know the person before they moved in. Staff continually liaised with other agencies and they worked together to ensure people were getting the best possible care.
- Staff sought advice from healthcare professionals, such as GPs as and when necessary. If a person was to become unwell, immediate action was taken to ensure treatment was given.
- Staff worked closely with the dietician and community nurses. A person required increased fluid intake and support and strategies were given on how to effectively support the person. Staff used guidance and advice given and positive outcomes were clearly written in their care plan.
- Where support was needed from the mental health team, all records were clear and when changes were made to medicines, guidance was followed. Staff worked well in partnership to ensure good outcomes for people.

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

- The service was designed and adapted to meet the needs of people living at the service. There was a main house and two purpose built flats at the rear of the property. One flat had their own private garden area, and the other garden space was communal, which included a swing.
- People's flats were individual to them. They all had their own bedrooms, bathrooms, living spaces and kitchens. Each person was involved in how they wanted their homes to be a person was proud to show me around their flat, which included all personal belongings and activities they enjoyed.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out regularly. These were decision specific and ensured people were being supported in the best way and in their best interests.
- Applications had been made to the local authority when a person was being deprived of their liberty. DoLS that had been granted had conditions recorded. We reviewed these conditions, and they were being met.
- One person had a fence around their property, all relevant documents were in place and the DoLS team applied conditions around this to ensure minimal restriction. These were being met and improvement to wellbeing to the person and others living at the service was noticed and clearly recorded.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated well and supported by staff who were kind and compassionate. We observed kind interactions by staff regularly during our inspection and staff clearly knew people they were caring for. After speaking to staff, they asked the staff member where their cuddle was, they shared a kind embrace.
- Relatives were positive about the care staff, comments we received were, "The care is amazing, absolutely fabulous. Staff are knowledgeable with dealing with young people with complex needs." And "They all know [person] so well, they know all their likes and dislikes and what triggers them. I trust the staff implicitly."
- The registered manager told us about training staff received around equality and diversity. How they put that into practice for people living within the service. Training is also offered to people living in the service on a 1-1 basis with PBS practitioner if they would like it.

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

- People were supported to express their views and be involved in decisions about their care. Meetings took place with people where people requested things, the service did what they could to make the requests happen. Where a person requested a swing, this was put in place. Additional trips out such as trampolining was requested to which they go to regularly.
- Communication boards were used to help people to communicate what support they wanted. For example, if a person wanted to have a bath in the morning, they used the board to communicate it to the staff.
- Now and next cards were used to help people choose what they wanted to do. Sometimes they were used to help encourage personal care tasks, by explaining what was going to happen next. Staff told us they encouraged people's choice during personal care, "I try and get them to pick and encourage them, so they have the choice."

Respecting and promoting people's privacy, dignity and independence

- People were prompted to be independent and had their privacy and dignity respected. Staff were observed to give people privacy when they were still sleeping and were mindful of their wish not to be woken.
- Staff we spoke with told us how they respected people's dignity and encouraged independence. Staff told us, "I will respect dignity by covering people up etc and explaining step by step what I am doing. Where it is possible, it's important they do things for themselves too and we encourage that."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care and support was exceptionally planned which was personalised to meet people's individual needs and wishes. Staff involved people and their families in planning their care, so they felt consulted, empowered, listened to and valued. Reviews were regularly carried out and care plans updated to ensure outstanding outcomes were achieved for people.
- The registered manager and staff spent time with people to fully understand their complex needs. Outcomes were achieved for people to significantly improve their health and wellbeing. For example, 1 person had become extremely distressed taking part in any medical examination or treatment such as blood tests. Family members had been unsuccessful when health condition investigations were needed. Staff worked closely with this person, understood their anxieties, and found ways to successfully complete these necessary health appointments. By working in a personalised way has enabled necessary investigations to be carried out and given confidence to the person in medical settings which achieved exceptional results.
- Family we spoke to felt care was exceptional and personalised to meet their loved ones needs. A relative we spoke to told us about their regular reviews with the in-house PBS team. Evidence was gathered and it was clear how improvements had been made since this person's admission to reduce incidents, which included biting. Relatives felt included with these meetings and felt staff understood their loved one, cared about them having a good quality of life. They told us, "They are just excellent, I would trust them with my precious [person] they are just amazing and has been from start to finish."
- People were encouraged to participate in activities individualised to them and to access the community. One person who was admitted to the service from another care setting became extremely isolated and never ventured out. Staff worked closely with them and encouraged them using their love of videogames. Visits into the community were slowly introduced at games shops, then staff worked with the person to reduce their anxieties and try different things. The person now goes out once a week into the community and enjoying places like crazy golf and the beach, which they had never done before.
- People took part in activities they had never tried before but were interested in. Where a person loved trains, staff took them out weekly to London on the train. They sat and watched the trains come in and out of the station and have lunch. Their relative told us how exceptional the key worker was when dealing with an incident during one of the outings when their favourite café was shut. How they understood the importance to this person's routine and familiarity of where they liked to sit. They had convinced the café to let them stay and watch the trains and to even go get them something to eat. The relative told us, "[Person's] key worker is excellent, he's so on it with [person's] care, he actually loves [person] and they love

them."

- A person moved into the service in 2021, following the national lockdown they had not accessed the community in over a year. They declined any trips and only wanted to stay in and listen to music. However, after only 2 days of support at the service, they felt so comfortable with staff and wanted to go out in the car. The following day, they went into to shop to buy a magazine, which was a massive achievement. Family reviews identified the need for more social interaction and the staff worked closely with this person to attend group sessions. This was an excellent outcome as they had never been able to integrate into these environments before living at the service.
- A person moved into the service that would only eat from Tupperware. Staff worked closely with them and starting with their favourite food, they encouraged the use of their choice of bowl. Eventually with encouragement and involving them to prepare meals, they now use plates and cutlery. This had a positive impact on the person and enabled them to eat out in restaurants again.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People living at the service had complex needs and required individual methods of communication. Care plans were specific and included how a person prefers to communicate. Staff were trained in Makaton and British sign language. Some people living at the service had their own Makaton signs they used and staff told us what they were and how they understood people.
- Communication boards were used to help communicate daily living tasks to people. It gave people a choice and gave them opportunities to express what they would like to do for the day. Staff used it to inform people what staff were due to come in for the day and other things such as meals.

#### Improving care quality in response to complaints or concerns

- The service has a complaints procedure in place to respond to complaints or they receive to improve care delivery. At the time of our inspection, no internal complaints had been received about the care people were receiving.
- The service had received external complaints from the neighbours regarding noise at the service. They acted appropriately and done all they can to communicate the importance of integrating people into a neighbourhood community.

#### End of life care and support

- At the time of our inspection no one was receiving end of life care. The registered manager told us how they would support people if the time came and ensure staff were appropriately trained. End of life care plans would be introduced.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager created a positive culture that achieved good outcomes for people. The registered manager had oversight of two services for the provider and had support from a deputy manager at Orchard Cottage. The deputy manager was available on days the registered manager was at the other service.
- Relatives we spoke with were happy about the management at the service. Relatives said, "There is a great management structure, [deputy manager] is excellent they speak with me regularly. [Registered manager] is fantastic is very calm and good with difficult situations decisive and in control." And "Anyone I've needed to speak to has always been really helpful, I've never had any problems. [Person] loves it there, they really do."
- Staff were positive about the management team and felt they were supported within their roles. Staff said, "Honestly, the managers are so approachable. I've always worked as agency; I wouldn't want to work anywhere else so decided to come full time. We have loads of channels of support, always have our best interests as heart as well as the people we support."

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

- Statutory notifications had been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury.
- The registered manager recognised the importance of regularly monitoring the quality of the service. Quality assurance audits were carried out to help have oversight of areas such as care planning updates and risk assessments. Medicine audits were being carried out, the registered manager had recently started a new way of recording these audits to be more effective.
- The registered manager understood their responsibility under the duty of candour. They explained to us how they had been open and transparent when things have gone wrong. They used these as an opportunity to learn and improve the service. The registered manager shared an example where they had improved communication regarding a person using the service following an incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management team engaged and involved people, their relatives, and staff order to improve the

service. Surveys were completed with people and made accessible depending on their communication needs. This empowered people to feel involved and be able to share experiences.

- Surveys sent to relatives and staff were analysed. All survey results were recorded and where improvements were needed then action plans were put in place. Areas for improvement were needed regarding communication, actions had been taken to improve.
- The service had recently encouraged staff to take part in a survey which looked into staff turnover and retention. Results enabled managers to look at additional support required for staff and to encourage positive outcomes for people. Career progressions were being considered and mental health champions were introduced to help staff during challenging times. Improvements had been made to the retention of staff.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's needs were met. For example, they had links with other resources and organisations in the community such as GPs, dieticians and community nurses.
- The service worked with the advocacy service to ensure people that required it had independent support. Referrals were made by the management team and we received feedback from a person's advocate. Regular visits had taken place in a way that suited the person's needs and wishes.