Voyage 1 Limited

Orchard Leigh

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 March 2017 and was unannounced. We carried out this inspection because we found one breach of regulation at the last inspection carried out on 25 March 2015. The provider sent us an action plan which we reviewed during this inspection.

Orchard Leigh is registered to provide personal care and accommodation for up to seven people. The home specialises in the care of people with a learning disability. At the time of our inspection there were seven people living in the home.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People were kept safe from abuse because staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff said there were sufficient numbers of staff on duty at all times.

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk.

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to access health care professionals and health care services when needed. They were offered a choice of foods they enjoyed.

Activities were personalised for each person. People made suggestions about activities they wanted to participate in each day. People were offered the choice if they wanted to go out with staff daily.

People were treated in a kind and caring way. Their privacy and dignity was promoted by staff and they were encouraged to be independent. Care records contained detailed information about people's needs, wishes, likes, dislikes and preferences.

The registered manager assessed and monitored the quality of the service provided for people. Systems

were in place to check on the standards within the home. These included regular audits of care records, medicine management and health and safety.

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 has improved to good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good	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 was 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 22 March 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the home, what the home does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the home. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted four health and social care professionals as part of our planning process and invited them to provide feedback on their experiences when visiting the home. We received a response from one professional.

During our visit we met and spoke with the two people living in the home. We sat and observed other people who were unable to communicate. We spent time with the registered manager, deputy manager and two staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included employment records of staff, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

People were protected from avoidable harm because a staffing team was in place that understood how to keep them safe. A person we spoke with said, "I feel safe as the staff are with me when I go out. The staff are here when I need them". A relative said, "I know my family member is safe, but more importantly I know they feel safe as well".

At our last inspection on 25 March 2015 we found that medicines were not stored safely. We issued a requirement notice and the home provided us with an action plan outlining how they would make the required improvements. At this inspection we found a great improvement had been made and medicines were stored safely. New individual medicine storage units had been purchased which complied with recognised standards.

Medicines were administered by staff who received specific training and had been assessed as competent. Records confirmed staff attended medicines refresher training to ensure they were kept up to date with current practice. Clear records were kept of all medicines administered at the home. We checked the medication administration records for two people and noted they were correctly signed when medicines had been administered. There had been no errors involving medicines within the last 12 months. Staff were aware of the action to take should this happen.

Staff we spoke with had a good understanding about safeguarding vulnerable people from abuse. Their responses confirmed they understood their responsibilities and recognised allegations needed to be taken seriously and reported. They knew how to report issues within the home and directly to external agencies including the local authority and the CQC. Staff comments included, "I have no concerns but if I did I would take a zero tolerance approach and report this", "If I was concerned about abuse I would speak to my manager. I would also make sure there were clear records of the concerns". Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. All staff received training in safeguarding adults and attended refresher training.

The home was responsible for keeping people's money safe and had clear plans to do this whilst enabling people to be as independent as they could be. We observed people were supported to go to the bank with staff assistance. Some people were able to sign their money in and out of the office. Staff would also sign each time. Receipts were kept of each transaction to help ensure people's money was managed safely.

Risk assessments in place supported people to be as independent as possible. For example, plans contained information on promoting one person's independence when going out with staff within the community whilst maintaining their safety. Risk assessments were regularly reviewed and updated as required.

There were enough staff to support people's needs. Staffing levels at the home were regularly reviewed to ensure people were safe and received the support they needed. Where people received funded continuous support, also known as one to one support, records showed this had been provided. Staffing levels were

assessed dependent on people's support needs. Staff we spoke with told us there were sufficient staff to meet the needs of the people living at the home. The registered manager had worked hard to ensure they had recruited staff into all vacant posts. They told us they had over recruited with staff to help cover any shortfalls and to help to fill vacant posts in the future. One staff member said "Recruitment was an issue last year but we are fully staffed now".

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the home was robust and they did not start work until all necessary checks had been completed.

Good

Is the service effective?

Our findings

People said they felt staff were professional and well trained to undertake their roles. One relative told us, "I feel the staff are trained to a good standard and are experienced". Another relative said, "The staff seem to have a lot of knowledge. They seem quite a close staff team".

Staff told us the induction they received enabled them to have the right skills and knowledge to support people. Staff told us about the structured induction they received followed by on-going training. Staff described their induction programme as initially consisting of e-learning based training courses, followed by a period of shadowing (working alongside) experienced staff. New staff were also required to complete the Care Certificate. The Care Certificate is a nationally recognised training programme for care staff, which required the completion of work books and practical assessments. During the inspection visit we observed a newly recruited staff member being supported by staff shadowing the shift. They were given time out of their role to participate in e-learning as part of their induction.

Staff received comprehensive support to carry out their role. Staff records showed that staff received one to one support through supervision meetings. One care staff said, "I meet with my manager regularly to discuss my job" and "One to one meetings with my manager come around quickly. It's a good to feel supportive". Staff also received yearly annual appraisal which was to review their performance and identified areas of improvement. Staff said they could discuss any issues or concerns during the shift handover and they could speak with the registered manager or team leader at any time should they wished to. This meant people were supported by staff who were appropriately trained and skilled.

Staff said they felt supported by the registered manager and they attended on-going training on a regular basis. Staff said they had access to training relating to people's specific needs. For example autism training. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. Training completed by staff included, safeguarding vulnerable adults, medication, infection control, health and safety, food hygiene and moving and handling. This meant training was planned and was appropriate to staff roles and responsibilities.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection five applications had been authorised by the local authority. Records confirmed a further two application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the home on their own, also because people required 24 hour supervision, treatment and support from staff.

The DoLS provide a legal framework and 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.

People were supported to have a sufficient balanced diet. They were encouraged to maintain a healthy and balanced diet. There was a weekly menu planning meeting and staff supported people to put their choices forward and to ensure there was a nutritious and balanced choice. The written menu was displayed on the wall in the dining room along with pictures of the daily menu. People were supported by staff to prepare and cook their meals. One person we spoke with liked to make themselves breakfast but preferred staff to cook their evening meal. People were regularly offered hot and cold drinks and were also able to prepare these themselves if they could. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. People who were weighed on a regular basis and referrals or advice was sought as and when required.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care they received. Comments included, "Yes I am happy. I have lived here for many years and could not think of a better place to live" and "I am happy". We received feedback from two relatives regarding the care and support their family member received. Comments included, "We visit when we can and call the home regularly. We are happy with the standard of care given at the home. The staff are very caring and know the needs of our relative very well".

Health professionals spoke positively about the home and the staff team. We received the following comment from one professional, "The staff go out of their way to care for people. It's a lovely home".

The home was filled with joy, fun and laughter as people and staff spent time together. We sat and observed lunch and spoke with people. We observed staff interacted well with people and heard friendly banter between people and staff. People were confident and comfortable with the staff that supported them. Staff spent time listening to people and responding to their questions, we saw staff engaging with people and conversing as they went about their duties. Throughout our visit there was a good rapport between staff and people.

People were treated with compassion and respect. We observed staff talk positively about the people they supported, showing respect for their feelings and acting on their wishes. There was a relaxed atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately. We observed people using the space around the home independently. This included the kitchen, lounge and their bedroom. Staff offered encouragement and support and allowed people to go at their own pace.

People's privacy was respected by staff. A few people wished to be alone in their bedroom at times during the day which staff respected. We observed staff knock on their door and wait to be given permission to enter to ask if the person was ready to go out or to check they were ok.

People were encouraged to do as much for themselves as they were able to. People were supported to eat independently and detailed support planning records were in place which gave staff guidance on each person's level of ability to perform tasks around the home as well as supporting themselves with personal care.

People living at the home were able to lead independent lives outside of home with staff support. An example being one person had a job locally. Another person was helped to manage their finances and was supported to go to the bank. People were supported to come and go throughout the inspection and were attending social groups, visiting local amenities and going out for activities time with staff support.

Bedrooms were individualised and we found people had been able to make their own choices about furniture and personal possessions. For example one person's bedroom was painted brown which was there favourite colour. Their bedroom was full of memorabilia of great Britain which they had an interest in. We

found people's rooms were tailored very much towards their interests. People were consulted about what colour they wished to have walls painted, furniture and the colour of carpet they would like. People had photographs of relatives and social occasions in their bedrooms. People we spoke with, and their family members, said they were able to make choices about their own living space and were happy with the environment.

Advocacy services help people to access information and care services, are involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one person was being supported by advocate at the time of our inspection. The registered manager told us the advocate had helped support the person in accessing this service and whether it was suitable.

Good

Is the service responsive?

Our findings

Staff regularly communicated with those living at the home verbally but also with the aid of pictures. One person's first language was not English however the staff had worked hard in finding effective ways to communicate with the person. For example staffed communicated with the person by Makaton. Makaton is a language programme using signs and symbols to help people to communicate. They also supported the person to use a tablet computer with an application downloaded of there first language. The staff had also learnt words of the persons first language. This demonstrated how staff involved people in their own care; helped to support and establish choice and preference as well as ensuring that those living at the home were listened to and responded to.

People's individual needs were being met by the home because staff continually reviewed the level of support people required. Each person had personalised care plan that took into account their needs, views and preferences. A key worker was allocated for each person so that they could meet with them regularly to review their care plan. Information was gathered as part of the assessment process and was supported by the relatives. Staff helped to create individual care records from the outset which then enabled staff to be responsive to the needs, wants and wishes people who lived at the home.

Relatives, staff and management told us that annual reviews of people's care took place at the home. We were told that the person was present while discussions around their care were taking place, however they were free to leave when they wanted. Relatives told us they were involved and listened to. The registered manager told us people's social workers were invited to review meetings however, some were unable to attend.

People were supported in promoting their independence and community involvement. Activities were offered to people, based on their lifestyle choices, one to one time and as recorded in their care plans. These included trips to the cinema, eating out, going to the pub, shopping, outdoor activities, attending social clubs, attending college and going to work. We observed people going out into the community with staff. Assessments had been undertaken relating to people's individual circumstances. One person, for example liked to recycle materials for the home and did this weekly. This showed people were assisted to take part in activities and promoted their independence. Raising money for charity was important for one person living at the home. It gave them independence to organise how they were going to do this with support from staff. They showed us thank you cards of money previously raised.

Holidays were planned annually for people who wished to have a break away. Staff helped organised holidays for some people. Holidays were planned on a one to one basis. One person said, "I went to South Wales last year and we had a lovely time. This year I want to go somewhere different".

Input from other professionals was given a high priority. Advice had been sought from a range of health and social care professionals and plans were put into place as a result. The home had sought support from an advocate for one person. Another example was in relation to behaviour management where the home worked with people and the local authority's community learning disability team (CLDT) to assess and

implement plans to help people maintain independence and good health.

The home had an effective complaints process in place which gave people information on how to raise any concerns they might have about the home. Relatives we spoke with told us that they did not have any complaints. Any issues raised were dealt with quickly by the staff or the registered manager. One relative said, "I have no complaints only praise for the home. I talk regularly to the staff and haven't had any complaints". A complaints policy was in place within the home. The registered manager said people were encouraged to complain if they were unhappy. There had been no formal complaints about the home.

Good

Is the service well-led?

Our findings

People, staff, relatives and professionals all spoke highly of the registered manager. They found them approachable, willing to listen and ready to act on their views. One person we spoke with said, "I like the manager here as they are supportive of me, He is the best man for the job".

The provider continued to ensure the home was managed in the best interests of people. The registered manager had an open and inclusive way of managing the home. People said they knew the deputy manager and registered manager well. People said they found them approachable. The registered manager operated an open door policy and welcomed feedback on any aspect of the home. Both managers encouraged open communication and supported staff to question practice and bring any problems to their attention.

The registered manager had been managing the home for several years during which time they had focussed on developing a culture which promoted independence and person centred care. They told us their vision was to provide a high standard of care to people and to support staff within their role. This was done through a process of assessment, the identification of goals and good support plans which ensured the best outcome for people.

Staff said they felt confident in the leadership of the registered manager. Staff meetings were held regularly to make sure that staff were kept up to date with any changes and had opportunities to raise any concerns or make suggestions. Staff were able to confirm this and said both the registered manager and deputy were both "very supportive" as a management team.

The registered manager kept up to date on people's needs by completing care shifts when needed. By taking this approach to managing the home the registered manager was also able to monitor and direct staff on how they delivered care. Staff we spoke with said the registered manager had a hands on approach and always put people first.

The quality of the home continued to be appropriately monitored and improvements identified and actioned when required. Quality was monitored by audits which were regularly carried out by the registered manager, deputy and senior management. Audits undertaken throughout the year included building refurbishment, finance, health and safety, maintenance audits, fire safety checks, vehicle checks, audits of medicines, accidents or incidents and concerns or complaints. Senior managers visited home monthly to undertake quality audits. Whenever necessary, actions were put in place to address the improvements needed which had been signed off when actions were completed.

Accidents and incidents at the home were recorded and monitored. The registered manager kept records of accidents and injuries for the home. The home reviewed these to monitor for trends, patterns or possible causes of the incidents. This meant the provider had a system in place that identified risks to people living at the home.

The registered manager appropriately notified the CQC of incidents and events which occurred within the

home which they were legally obliged to inform us about. This showed us the registered manager had an understanding of their role and responsibilities. This enabled us to decide if the home had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.