

Orbis Support Limited

Orbis Support Offices

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Orbis Support Offices is a supported living service providing support to people with a learning disability or autism living in their own homes. Not everyone who used the service received support with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care support. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, the service provided personal care support to 14 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received care and support from a service which was exceptionally well-led. The provider and registered manager delivered strong and supportive leadership. The management team promoted and ensured the values of the service were embedded within the culture of how staff interacted with people. The whole staff team were committed to ensuring people received high-quality person-centred care.

Robust audits were completed to monitor and review the quality of the service. A strong importance was placed on continuous learning to improve the outcomes for people. Accidents and incidents were robustly reviewed to identify if any themes or trends were evident.

Feedback from relatives, staff and professionals spoke of the outstanding delivery of care people received. A holistic approach to assessing and delivering care was in place. Staff were exceptionally responsive to people needs and delivered care which achieved excellent outcomes for them. Staff provided individualised care and support to people and were passionate about ensuring people achieved their desired outcomes and met their goals. One relative said, "The staff at Orbis know [name of person] so well and are so well prepared. They are very happy to involve other organisations such as the community learning disability team and are very proactive at putting in place any suggestions the professionals make. They are very proactive rather than reactive."

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received care and support from staff who were very well trained and supported by the registered manager and provider. Staff received bespoke training which reflected the needs of individual people and systems were in place to support staff with any educational assistance they required.

Staff were kind and caring and always promoted the privacy and dignity of people. Staff encouraged people to be as independent as they could be and people or their representative were involved in decisions about their care.

Safeguarding policies and procedures were in place and staff were confident in the actions to take if any type of abuse was suspected. Staffing was determined based on the individual needs of people. Staff were recruited safely and risk assessments were in place for people and the environment. Measures were identified to mitigate known risks people were exposed to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 31 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Orbis Support Offices

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in 10 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection

We were introduced to one person using the service and received feedback from six relatives.

We spoke with six members of staff including the registered manager and provider. In addition, we received feedback from four visiting health and social care professionals.

We reviewed a range of care records for eight people and looked at records in relation to the safety and management of the service. On the third day of the inspection we reviewed records the registered manager had sent us electronically.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood their role in how to protect people and were confident in the actions they would take if they suspected any form of abuse.
- Investigations were completed and appropriate action taken where any safeguarding concerns were raised.

Staffing levels and recruitment

- Staffing levels were determined based on the individual needs of people.
- Staffing was provided by a stable and consistent staff team. There was no use of agency staff across the service.
- Staff were recruited safely. Potential employees underwent a values based interview process to assess their suitability for the role they were applying for. The registered manager described the process in detail and the recruitment checks made prior to any new employee starting work.

Assessing risk, safety monitoring and management

- Risk assessments were completed for any potential risks people were exposed to. They included information of how to mitigate known risks.
- Where possible staff encouraged and supported people to participate in events through positive risk-taking. The benefits of positive risk-taking can outweigh any possible harmful consequences of avoiding risk altogether.
- Environmental checks were completed to help ensure the safety of the people's homes.

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Learning lessons when things go wrong

- Accidents or incidents were reviewed to assess if there were any evident trends or if lessons could be learned and improvement actions taken to minimise future risks.
- Action was taken to implement changes if improvement actions were identified.

Preventing and controlling infection.

- Appropriate systems were in place to protect people from the spread of infection within their homes.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Partnership working with other organisations were established to ensure staff were trained to follow best practice. This included working with an autism specialist who provided bespoke training to the staff team. The training course was delivered in conjunction with a person living with autism to enable them to describe to staff their 'lived experience' of the condition. This helped staff to understand the experiences of people receiving support.
- Bespoke training was provided to staff around the specific individual needs of each person receiving care and support. In addition to this, some training had been delivered to relatives to help improve their knowledge around certain subjects. This meant the provider had a positive impact on people's lives outside the times care staff supported them, as family members were better able to understand their relative's needs.
- Systems were in place to support the individual learning styles of staff when delivering training. Reasonable adjustments were made and support was available for any member of staff who required support with learning. This included the provider funding technology for staff with diagnosed educational needs.
- Innovative ways were used in the delivery of staff training. For example, one person receiving care and support was being supported by the provider to produce a video of how they felt being supported by Orbis Support Services. The person was paid by the provider for their contribution towards this training video.
- Staff were positive about the training they received and the support they were provided. Their understanding and skills were assessed and monitored through a variety of methods. This included the use of supervision, observations and team meetings. One staff told us, "They [management] are amazing at finding training for you. Visual perception training has just been sourced for us."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A holistic approach was in place to assess, plan and deliver care and support for people. Assessments were person-centred to the individual needs of each person. People's preferences were paramount in the planning of care to ensure their views were represented and to enable exceptional outcomes for people to be achieved. Care plans were reviewed at the frequency identified by the provider. This gave staff the opportunity to reflect and review if people were achieving their identified goals. Care plans were updated when a change in need was identified for the person.
- A thorough approach to planning and coordinating people's care was in place. Detailed pre-admission assessments were completed to determine if the provider was able to meet an individual's needs. Assessments were completed in conjunction with health colleagues when planning hospital discharges

from mental health facilities. An 'Orbis 10 step transition pathway' plan was in place. This recorded all the steps required to introduce a new person to the service and staff team.

- Staff worked collaboratively with other professionals to ensure the needs of people were met. Timescales for the introduction of a new staff team were dependent on the person and how they responded to the changes. This enabled staff to get to know people and their support needs in advance of them moving to their new home.
- Care plans contained detailed information relevant to the needs of the person and were focused on people achieving their goals. Visiting professionals gave consistent positive feedback on the positive outcomes which were achieved for people. One said, "The Orbis staff I have worked with have been proactive in trying to understand more about [name of person] in order to support them as effectively and safely as possible. They have liaised with other agencies and sought advice whenever they have felt this would be helpful."

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

- Excellent links with health care professionals were established to support people to remain healthy. Staff received bespoke training on certain health conditions to enable them to meet the needs of people. For example, staff received training in epilepsy and strong links were established with a specialist epilepsy nurse. This collaborative working included the epilepsy nurse reviewed the care plans in place for people with this condition to ensure they included all the necessary information to meet best practice guidelines.
- People were supported to attend a learning disability annual health check and had 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.
- Best practice guidance was followed when reviewing the healthcare needs of people. This included staff discussing any medicines people were prescribed at healthcare appointments to ensure they remained necessary and any potential side effects were monitored.

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

- People's nutritional and hydration needs were met.
- Staff were knowledgeable about people's dietary needs and preferences. People who required a specialist diet were supported well. Care plans for these people contained detail and professional guidance for staff to follow.
- People were involved in the planning of food menus to choose what food they wanted to eat. Staff supported people who were able to be involved to prepare shopping lists and visit the local supermarket to buy the necessary groceries.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager followed the principles and guidance related to MCA. Applications had been made to the Court of Protection for some people in line with legislation.
- Staff understood their responsibilities and the need for best interests decisions to be made for people who lacked the mental capacity to make certain decisions for themselves.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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; equality and diversity

- Staff were thoughtful and always treated people with care and kindness. During the inspection we observed staff supporting one person where they demonstrated these qualities.
- The registered manager and provider promoted a positive and caring culture within the service. They led by example and regularly visited people within their homes.
- Records confirmed the equality and diversity needs of people were considered when planning their care. Staff understood the importance of ensuring people were treated as individuals to ensure their needs were met.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in respectful ways which maintained the dignity of people. One relative told us, "They [staff] really care and I want to make sure the compliments are heard."
- Staff encouraged people to be independent and explored what opportunities were available for people to participate in. One visiting professional said, "I have observed some good practice where staff are promoting choice, community presence and participation."
- Staff described respectful ways of working to protect the privacy and dignity of people. This was especially important when supporting people to maintain their personal hygiene needs.
- People's confidentiality was maintained. Systems were in place to store confidential information securely.

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

- Accessible ways to help people express their views were in place. Staff knew people well and understood which communication strategy worked best for the individual.
- Staff were trained to use Makaton sign language to maximise their ability to communicate effectively with people.
- Records confirmed the involvement of people or their representative in the planning of their care.
- Advocacy services had been used to support people who required this. An advocate helps people to access information and be involved in decisions about their lives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has improved to 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

- An exceptionally personalised service was delivered to people which focused on achieving people's specific goals and wishes. Staff were creative in the ways they involved people in the planning of their care and extremely responsive to their needs. Staff had outstanding skills and an excellent understanding of the individual needs of people and promoted equality for all.
- Staff used original ways to celebrate the achievements of people. This included the publication of a comic where the person receiving care was depicted as the main character. The comic was exceptionally person-centred and included information relevant to them and the activities they had taken part in. This was also shared with their relatives to keep them up to date with what the person had achieved. One relative said, "This [comic] is incredible. Such imagination. You guys really do know how to amaze a [relative] and make them so happy. This is beyond best practice, it is phenomenal."
- Staff encouraged and empowered one person to attend an 'experts advisory group'. The purpose of this was to support this person to receive training to enable them to become an advocate for other people using the service. Their role will be to support improvements and look at ways of preventing admissions to mental health facilities for people with learning disabilities.
- Robust systems were in place to ensure important information about people was shared between staff. Handover meetings took place from one shift to the next to ensure important information was passed from one staff team to the next.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Innovative and individual ways were in place to ensure people's communication needs were met. Detailed and person-centred 'communication passports' were in place which recorded what was relevant to each individual. Communication passports included information of how staff should engage with people to maximise their understanding and empower them to communicate their views. Staff were trained to communicate using Makaton and British sign language.
- A member of staff was identified as the designated 'AIS champion' for the service. Their role included ensuring information was shared with people in the most appropriate format to meet their communication needs and ensure best practice guidelines were followed.
- Staff had exceptional skills in understanding people's communication needs and knew the most

appropriate way to share information. Social stories were used as a way to share information with some people. Social stories for activities such as 'having your hair cut', 'about your care', 'accessing my van' and 'moving home' were in place. Social stories contain information and explain in picture format a given situation, how people may feel and the sequence of events for the activity.

- Care plan records were accessible for people. They included photographs, easy read documents and also recorded Makaton signs for situations. Easy read documents support people who could not understand written words.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged. The provider had a clear policy which detailed how any complaints would be investigated and responded to.

- Accessible ways were in place to encourage and empower people to raise any concerns or complaints. This included an easy read document with information of how people could raise any issues. A photograph of the relevant member of staff people could speak to about concerns was included in the complaints leaflet.

- Numerous compliments had been received by health and social care professionals regarding the outstanding skill of staff. Examples included, "Very seldom do we come across staff teams and leadership teams who take the initiative, deal with issues as they arise, but still communicate positively and proactively about what is happening on a day-to-day basis." and "Just to let you know I've had really positive feedback about your input from [name of professional]. They commented how proactive you have all been with [name of person's] transition."

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

- Staff explored a range of social activities for people which were tailored to their needs, goals and aspirations. People's 'journey of activities' were recorded in photographs to provide a record for the person and their relatives of the experiences they had taken part in.

- Staff were extremely responsive to the needs of people. Personalised care and support specific to each individual's needs and preferences was delivered. Care plans contained detailed person-centred information and reflected people's health and social care needs. For example, important routines for people were recorded. This information detailed the steps staff should take to ensure people's preferred preferences were followed. Staff followed the detailed guidance in people's positive behaviour support care plans to ensure positive outcomes for people were achieved.

- People were encouraged and supported to maintain relationships with people who were important to them. Staff recognised the importance of people having the opportunity to widen their social contacts and maintain personal relationships with relatives and friends. Technology was used to support some people maintain face to face contact with people who were unable to visit in person.

End of life care and support

- Person-centred end of life care and support was provided to people and their relatives when required. Staff treated people with empathy and compassion during their interactions. We received extremely complimentary feedback from one relative of the care and support they were provided during a very difficult time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The culture was extremely person centred and staff were innovative and passionate in ensuring the provider's ethos of promoting independence led to exceptional outcomes for people. As a result personalised care was delivered to each individual which achieved excellent outcomes for them. Feedback from people's relative's and professionals reflected this person-centred approach. One visiting professional said, "I have seen [name of person] come on leaps and bounds [since being supported by Orbis Support Offices] they are now accessing the community and involved in activities in a way they have not been able to do for a number of years. This has vastly improved their quality of life not only for them, but also for their family."
- Relatives, staff and health professionals consistently gave extremely positive feedback about the leadership of the service. One member of staff said, "Most of all they [management] listen. They listen to staff and I've never had that before. [Name of provider] is the big boss and they will come if someone is on the sick and will do their shift. I've never known that. It's refreshing that management will do that and don't mind getting their hands dirty."
- Care and support focused on ensuring people consistently received very high levels of person-centred care. It was evident the registered manager and provider promoted a positive culture and staff shared the values of the management team in wanting to achieve exceptional outcomes for people.
- Managers were passionate about the service and proud of the staff team. The provider was very committed to ensuring funding was re-invested back into the service. This further improved training and the high quality care people received. . . Staff confirmed they worked well together as a team and always put people first.
- The provider recognised the achievements of staff and was planning to organise a staff awards ceremony to develop this further. In addition, the provider had a range of systems in place to support staff with any personal circumstances they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest when something goes wrong

- Governance systems were embedded within the service to monitor quality and drive improvement. Numerous regular audits were carried out. This included the completion of comprehensive 'managers checklists' to monitor quality of care records in each individual service. Any required actions were completed with a view to continuously improve quality within the service.

- A framework of accountability was in place. Senior managers met regularly to review progress across all areas of the service. Managers promoted a positive culture across the whole staff team. Their vision for the service to continually improve was evident in the values they presented, that all people were at the heart of the service and received person-centred care from staff who were exceptionally well trained.
- Legally required notifications were submitted to CQC. The registered manager and provider always worked in an open and transparent way. They understood their responsibilities in relation to the duty of candour regulation.

Continuous learning and improving care

- A strong emphasis was placed on continuous improvement. Staff reflection was encouraged and was embedded within the service. Multi-disciplinary meetings were held with staff, relatives and visiting professionals to review incidents and the support needs of people. Staff reflected on their own interactions with people to consider different ways of working. This improved outcomes for people as staff were exceptionally responsive to the needs of people to ensure the support they delivered remained person-centred at all times.
- A systematic approach was in place to review accidents and incidents to improve care outcomes for people. The analysis of documentation was detailed and allowed managers to identify if any trends or themes were evident.
- Staff were matched to work with people who had shared hobbies or interests. This improved the care outcomes and benefited people as they were able to engage with staff who had a shared interest.

Working in partnership with others

- The registered manager, provider and senior managers were continually striving for excellence across all areas of the service. The registered manager and provider were proactive about sharing learning and promoting best practice. The registered manager was a member of local partnership working groups to share examples of best practice. Furthermore, the provider was invited to a regional 'transforming care good practice forum' to discuss innovative creative practice and the benefits of bespoke individual services for people.
- External health and social care professionals were extremely complimentary of the service and the support provided. One professional told us, "Orbis staff have worked incredibly hard to build positive relationships with [name of person], take the time to understand their needs and challenges and responded by putting measures in place to support them. There is good communication between Orbis, agencies and families. The team is well-led and all staff are consistent in their approach."
- Strong, positive links had been established within the local community. This included staff engaging in charity fund raising to support local causes.
- Opportunities were available for people to engage in further education. For example, people were offered the opportunity to gain life skills through completing additional courses. Available programmes enabled people to complete a personalised curriculum to overcome any barriers there may be to the individuals learning. This allowed people the opportunity to be involved in their local area and develop new social contacts.

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

- Systems were in place to gather feedback from people, relatives, visiting health and social care professionals and staff. Everyone was encouraged and empowered to share their views and give feedback about the service and the care provided. Accessible ways were available to people to share their feedback. The registered manager and provider took all feedback seriously and were committed to responding to any suggestions which were made.

- The provider worked as a role model to other service providers to share their experience of delivering bespoke packages of care to people. The provider had been interviewed by a national newspaper to discuss the transition of one person from a mental health facility to living in their own home. The allowed the providers to discuss their ethos to remain a small and intimate service to enable them to provide a 'personal touch' for the people receiving care and their relatives.