

The Orpheus Centre Trust

The Orpheus Centre

Inspection report

North Park Lane
Godstone
Surrey
RH9 8ND

Tel: 01883744664
Website: www.orpheus.org.uk

Date of inspection visit:
25 November 2016
06 December 2016

Date of publication:
27 January 2017

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 25 November and 6 December 2016 and was unannounced. At our previous inspection of The Orpheus Centre in August 2013 we found that the service was meeting the requirements of the outcomes that we assessed. These were: Treating people with respect and involving them in their care; providing care, treatment and support that meets people's needs; caring for people safely and protecting them from harm; staffing; quality and suitability of management.

The Orpheus Centre domiciliary service provides personal care and support to tenants who live in 29 independent living flats located in the grounds of The Orpheus Centre, a residential performing arts college for young disabled adults situated in Godstone, Surrey. People who use the service are younger adults with a variety of disabilities that include sensory, physical, learning disabilities or autistic spectrum conditions and have a declared interest in the performing arts. At the time of our inspection 28 people were using the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines were well managed by the service. People's medicines were managed and given to them appropriately. Records of medicines were well maintained.

We saw that staff at the service supported people in a caring and respectful way and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff members received regular relevant training and were knowledgeable about their roles and responsibilities and the needs of the people whom they supported. Appropriate checks took place as part of the recruitment process to ensure that staff members were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). People who used the service were assessed as having capacity to make decisions. We were told by people that they were involved in agreeing their support plans and risk assessments.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. These were up to date and had been amended where there had been changes in need. Systems for supporting and monitoring people's needs and behaviours were effectively used and monitored. Personalised support tools had been designed with people to help them to manage their behaviours.

People were enabled to participate in a range of activities supported by staff. Their cultural, religious and relationship needs were supported by the service and detailed information about these was contained in people's care plans.

People were supported to make healthy choices about the foods that they ate. Staff members provided support with menu planning and food shopping.

The service had a complaints procedure and we saw that complaints were managed effectively. People told us that knew how to complain if they were unhappy about the support they received

Arrangements were in place to ensure that people were supported to be healthy. People had health action plans and these showed that their health needs were met by the service.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and reflected good practice guidance.

The registered manager and other members of the management team communicated well with people who used the service and were familiar with their needs. People told us that they liked the managers of the service.

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. Risk assessments were detailed, person centred and up to date.

Staff members had received safeguarding training and understood their responsibilities in keeping people safe.

People's medicines were well managed and recorded.

There were enough staff members on duty to support people's needs.

Is the service effective?

Good ●

The service was effective. People told us that they were happy with the quality of support provided to them.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act 2005. People who used the service were involved in decisions about their care.

People were supported to maintain good health and to access health services when they needed them.

Is the service caring?

Good ●

The service was caring. Staff members spoke positively about the people whom they supported, and we saw that interactions between staff members and people who used the service were positive and caring.

People's religious, cultural and relationship needs were respected and supported.

Staff members were flexible in ensuring that people's support needs were met.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

Staff members had worked in partnership with people to develop tools to help them to manage their behaviours.

People were able to participate in a wide range of activities of their choice.

The service had a complaints procedure and people knew what to do if they were unhappy about their support.

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated, with improvements made where required.

The registered manager demonstrated leadership and accountability. They were available to people who used the service and staff members

Staff members told us that they felt well supported by the registered manager.

There was a good working relationship with health and social care professionals and organisations.

Good ●

The Orpheus Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November and 6 December 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information that we held about the service.

During our inspection we spoke with six people who received support. We were also able to see support staff facilitating a group activity. In addition we spoke with four support staff, the registered manager, deputy manager and the services manager. We looked at records, which included seven people's care files, seven staff recruitment records, policies and procedures, medicines administration records, and other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt the service was safe. One person told us, "The staff make sure I'm alright," and another said, "I know they are trying to keep me safe."

Staff had received training in safeguarding and this was regularly refreshed. The staff members that we spoke with demonstrated a good understanding of safeguarding and they were aware of their responsibilities in ensuring that people were safe. There was an up to date safeguarding policy and procedure that referred to local multi-agency procedures. We reviewed the safeguarding records maintained by the service and saw that these were detailed with clear audit trails regarding all information held, contacts made and actions taken in respect of safeguarding concerns and alerts. We saw that concerns were raised with the relevant local authority and reported to CQC immediately.

A 'safe group' met on a regular basis to review safeguarding concerns and practice. Records of these meetings showed that issues such as safeguarding strategy, staff recruitment and training and reviews of risk assessments were regularly discussed. During 2016 the group had also discussed and developed a Prevent (anti-radicalisation) strategy and guidelines for supporting people to understand safe use of the internet.

People's medicines were managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by support workers that we spoke with and the records that we viewed. Records of medicines were of a good standard and included details of ordering, administration and disposal of medicines. Regular checks of medicines took place and we saw that actions taken in relation to any concerns had been recorded.

Most medicines were stored in locked cabinets in people's flats. Two people administered their own medicines and there were risk assessments in place for this. The service administered a small number of controlled medicines to people and these were stored securely. The deputy manager told us that controlled medicines were always administered by a senior support worker responsible for leading a shift along with a support worker. We looked at the controlled medicines record book maintained by the service and saw that this was well maintained.

People had health action plans that detailed their health needs along with information about the medicines that they were taking. These included information and guidance about any PRN (as required) medicines that the person required. In addition, epilepsy management plans had been developed for people experiencing or at risk of seizures. These were detailed and included information about how the person experienced seizures along with guidance for staff in supporting people to manage their epilepsy. They also included emergency plans should there be a need to seek medical attention. Information about seizures experienced by people were recorded, including those not seen by staff members but reported to them by the person.

The service had suitable arrangements in place to protect people from identified risks associated with day

to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people's behaviours, anxieties, self-care skills, relationships, and activities within the community. We saw that these had been reviewed and amended to reflect changes and concerns in relation to people's needs. Risk management plans were detailed and included guidance for staff around how they should manage identified risks.

The service looked after small amounts of money for seven people. We looked at the procedures for this and found that they were detailed. Income and expenditure was recorded and receipts were maintained. Cash balances matched balances recorded on people's income/expenditure records.

We saw from the service's staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. Staffing rotas were designed to provide flexibility of support. Dependent on their assessed and agreed needs, people had set times for support in relation to their physical and personal care. In addition, individual support was rostered to enable people to participate in regular community activities such as shopping and social activities. There were sufficient staff members on duty to respond to people's needs outside of this. People had call alarms should they require additional support, and during our inspection we saw that call alerts were quickly responded to. We observed that people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people's individual care and support needs.

We looked at seven staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

Accident and incident information was appropriately recorded. Records included information about actions that had been taken in response to accidents and incidents. Out of hours support in case of emergency was available to staff who were aware of how to access this.

Is the service effective?

Our findings

People that we spoke with told that they were satisfied with the support they received from staff. One person said, "They are helping me to be more independent," and another told us, "they do give me the help I need."

Staff training records showed that new staff members an induction when they started working at the service. This induction was mapped to the care certificate for staff working in health and social care services. The care certificate provides a set of minimum standards that should be covered as part of induction training of new care workers. A probationary period was in place and this was not 'signed off' unless the staff member was able to demonstrate competency and had successfully completed the care certificate. We saw that all staff members had received appropriate mandatory training such as safeguarding adults, infection control, food hygiene, epilepsy awareness, emergency first aid and medicines administration. Training in relation to specific needs was also provided. We saw, for example, that staff members had undertaken training in the management of behaviours that were challenging. Some staff members had also received training in supporting people with autistic spectrum conditions and this was in the process of being rolled out to all staff.

The records showed that staff members had received regular supervision by a manager. We also saw that meetings with staff in relation to performance and health had taken place in a timely manner. One staff member told us, "the training and support that we get is very good."

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.

We checked whether the service was working within the principles of the MCA. The service's policies on The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act were up to date and reflected good practice guidance. People who used the service had been assessed as having capacity to make decisions. The support plans that we looked at clearly identified areas of decision making where people might require additional support, and guidance was in place to support staff who were providing this.

During our inspection we saw that people were offered choices by staff. For example we saw people being asked what they wanted to do, and being offered support if required. Support plans provided guidance for staff on how best to offer choices to each person. People had signed their support plans to show that they had consented to these.

Each person had a designated key worker. We saw that key workers met regularly with people to discuss their support needs, progress against outcomes identified in their support plans, and to plan activities with them. The records of keyworker meetings showed that people were fully involved with these discussions.

People's risk assessments and support plans contained information about dietary preferences and requirements. Staff supported people to go food shopping each week, and their support records showed that they were given assistance in menu planning and making healthy food choices. People had varying ability in cooking and preparing foods for themselves depending on their physical, sensory or other support needs. Support plans identified the support that people required to prepare their meals along with guidance for staff on how they should provide this. These showed a focus on enabling people to become as independent as possible. One person told us that they were involved in food preparation even though a staff member had to support them with physical aspects of cooking.

The service had developed effective working relationships with relevant health care professionals to ensure that people received co-ordinated care, treatment and support. People were registered with a local GP and we saw that regular appointments were in place, for example, with their GP and dentist. Records of health appointments and outcomes were maintained in their health action plans.

People's families were involved in their support. Most people went home for weekends and college holiday periods, and we saw that there were records of regular liaison with family members. People's support plans were clear that they should always be involved and asked for consent where staff were making contact with their families.

Is the service caring?

Our findings

People spoke positively about the support that they received from staff. One person told us, "they are really helpful." Another person said, "they always ask me what I want them to do."

People were supported by staff members who treated them with dignity and respect. We saw that support was delivered in a sensitive manner and was flexible in ensuring that people were given the support that they needed when they required it. For example, when people sought out staff members for support or a chat, we saw that they were responded to immediately and given the time that they required. We saw that staff members were familiar with the people they supported and spoke with them about the things that were meaningful to them. We observed friendly and positive interactions between people and staff members.

Staff members spoke positively about the people whom they supported. One staff member said, "Everyone here is different and we help them in the way that they need. We help people with the things that they can't do, we show them how to become more independent, and we provide emotional support." Another staff member stressed the importance of privacy and dignity, saying, "We support people to do as much as they can for themselves, working with them rather than just doing things for them. People have their own flats and there is no going in without knocking on the door."

The service was sensitive to people's cultural, religious and personal needs. Information about people's religious and cultural needs were recorded in their support plans. People were supported to attend places of worship, and to develop and maintain meaningful relationships with others in accordance with their wishes. Support plans included information about people's needs in respect of personal relationships and sexuality and positive guidance was provided for staff in relation to support of these. The majority of people used tablets or laptops to access the internet. We saw that they also had access to computers at the Orpheus centre outside of structured learning sessions. The service had worked to develop procedures and guidance around the safe use of the internet. We saw that these aimed to enable people to have autonomy and privacy whilst ensuring that they were made fully aware of risks and how these could be avoided and managed.

People were involved in decisions about their support and this was recorded in their support plans and key worker meeting records. One person told us, "I decide what is happening and the staff help me with this." We saw, for example, that when one person had changed their mind about the food that a support worker had prepared for them, the worker suggested that they go back to the person's flat to have a look at what was in the fridge and she would make another meal of the person's choosing.

People told us that they were happy with the information that was provided to them by staff. One person said, "If I have a question, they will explain it." We saw that written information was provided in easy read and picture assisted formats.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person said, "They don't change anything without talking to me about it."

Support plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The plans were clearly laid out and written in plain English. We saw that they were regularly reviewed and had been updated to reflect any changes in people's needs.

The person centred plans detailed people's personal history, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them. Information about people's communication needs was detailed and ensured that staff members had clear guidance on how to ensure that people were enabled to communicate their needs effectively.

The support plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported by guidance on reducing levels of arousal and supporting the person to manage their behaviours in a positive way. We saw, for example, that staff had worked with some people to develop tools to help them to manage their behaviours and emotions. These included Social Stories, which is a tool for working with people with autistic spectrum conditions, and 'traffic light' charts which are designed to help people to identify the stage of emotional arousal that they are experiencing and what they should do to manage this. The deputy manager described how these were used. We saw that these tools were specific to each person and included words and pictures that they could understand.

Behavioural records were maintained and reviewed regularly to identify possible triggers and patterns of behaviours, and what worked for people in managing these. Daily notes of care and support were in place and we saw that any concerns arising from day to day issues were reported and managed appropriately. We saw that information was shared between the domiciliary and learning teams at the Orpheus Centre to ensure that there was consistency and continuity of approach in ensuring that people's needs were met.

People participated in a range of activities within the local community that included shopping, walks, swimming, clubs and meals out. We were shown photographs of trips and outings where people had visited other places to put on performances. For example, staff had supported people to spend a week in Derry Northern Ireland when they were putting on performances and raising awareness of the centre. Some people had recently been supported on a trip to Brands Hatch where they had opportunities to be driven round the circuit in sports cars.

In addition, people had opportunities to participate in activities that took place at the Orpheus Centre outside of the learning curriculum. We saw, for example, a Christmas card making session that had been planned and facilitated by support workers. People were able to come and go from this as they pleased. Staff made cards alongside people, offering assistance and suggestions where required. There was a relaxed

and friendly atmosphere, with staff and people chatting and laughing together.

There was a Transitions Pathway Project (TPP) team at the service that was jointly supported by the domiciliary and learning teams. The TPP team was responsible for organising and supporting activities outside the centre designed to enable people to develop skills that would assist them in being more independent when they moved on. We saw, for example, that some people had been supported to undertake work experience placements in local businesses. One person had expressed a wish to travel to London independently to visit friends and family and was being supported by a 'travel buddy' to achieve this. These activities were supported by staff members from the domiciliary care team and we saw that people's care plans and risk assessments included information about these activities and how they were supported.

Placements at the Orpheus Centre last three years and staff at the service, in partnership with the TPP team, were involved in supporting people to move into new accommodation at the end of this time. We saw that there was ongoing liaison with local authorities about people's current and future plans. The deputy manager told us that focused work on ensuring that people's accommodation and other needs were supported when they left The Orpheus Centre began early during the last year of their three year placement. We saw that liaison took place with new supported living providers prior to people moving on and that information was shared in respect of their support needs. The deputy manager told us that, where appropriate, staff would continue this liaison for up to six months after the person had left. We saw that people had kept in touch with staff after they had left.

The service had a complaints procedure that was available in an easy read format. People told us that they knew how to complain if they were unhappy. We saw from the complaints log that two formal complaints had been raised during the past year. These had been addressed in a timely manner and to the satisfaction of the person making the complaint.

Is the service well-led?

Our findings

People told us that they were happy with the management of the service. One person said, "I see them often, they talk with me and check how I'm doing." Another person said, "The managers are great."

The registered manager was supported by a deputy manager. Senior support workers were designated as 'shift leaders' on each working shift. During our inspection we saw that the registered manager and deputy manager spent time with people and staff members. We were able to see that they were known to people, communicated with them in an easy and respectful manner and that they were knowledgeable about people's interests and support needs.

The staff members that we spoke with told us that they felt that the management team was supportive and approachable. One staff member told us, "The managers are really supportive," and another said, "They know what we are good at and match us with people for activities using our strengths." Staff members told us that a member of the management team was always available if they needed any guidance or support.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

Minutes of staff meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The registered manager told us that urgent information was communicated to staff immediately and we saw from the records that we viewed and our discussions with staff members that this was the case. For example, there was a 'read and sign' file where staff members arriving on shift had signed to show that they had read the information that had been placed in this. There were two daily handover meetings between incoming and outgoing staff where information was shared. However there were no records of these. We discussed this with the registered manager who told us that she would set up a process for ensuring that handover meetings were recorded in the future.

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. The provider's quality assurance monitoring system was comprehensive and based on CQC's key lines of enquiry (KLOE). The KLOEs provide a set of standards by which services can evidence what they do well. Quality assurance monitoring using this system took place every six months. We looked at the two most recent records and found that action plans had been put in place and that identified actions had been addressed. We also saw that monthly audits of care and support records and medicines had taken place and that actions in relation to these had been recorded and addressed.

Trustees of the Orpheus Centre visited on a regular basis to look at and report on quality issues. We looked at two recent reports which focused on service user satisfaction, support plans and transition plans for people moving on from the service. Service user satisfaction was a standing item for trustee monitoring reports and we saw that they spoke with people at each visit to ascertain their views of the support that they received.

A Quality Committee met quarterly to review quality issues and concerns, The most recent meeting which took place on 24 November 2016 had looked at quality in relation to staffing, staff training, safeguarding and complaints.

We reviewed the policies and procedures in place at the service. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the service showed that the provider worked with partners such as health and social care professionals to ensure that people received the services that they required. Information regarding appointments, meetings and visits with such professionals were recorded in people's care files.