

Orbital 4 Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
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 18 and 21 November 2016 and was announced.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including learning disabilities, physical disabilities, sensory impairment and younger adults. At the time of our inspection eight people were using this service.

There was a registered manager in post at the time of our inspection. 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 told us they were asked to consent to their care and were treated with dignity and respect. However where people lacked capacity to make decisions, the provider had not ensured they had acted in accordance with the principles of the Mental Capacity Act within the delivery of the service people received.

People told us they felt safe when they were receiving support whilst living within their own homes. Staff knew how to keep people safe and what risks people may be subject to, whilst maintaining their independence. Staff had been trained and were able to recognise signs of abuse and how to report it in order to keep people safe.

People felt there were sufficient staff available and told us support staff arrived on time at their home to provide the support they needed. Checks were made on staff members prior to them starting work to ensure their suitability for employment.

Staff received training and support to enable them to provide care and support to people. Staff felt supported by the registered manager and provider. People had their privacy and dignity maintained and staff were able to describe how they managed this.

People received appropriate support to ensure they received their medicines as prescribed and received healthcare support and advice to ensure their well-being. People received assistance with the preparation of meals and drinks as required.

People were satisfied with the support they received in a way they wanted to be. People had support plans in place describing their needs and risks associated with their support. Although people's support needs reflected the support given, and improvements were being made to ensure where people were able to sign their reviews to state they agreed with the contents this was being further promoted.

Support staff told us they enjoyed their work and liked the registered manager and the provider. People and their relatives were confident any complaints made would be listened to and responded to.

Systems were in place to monitor the service provided for people as a means to improve the quality of support people received.

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 ●

This service is safe

There were sufficient numbers of staff to support people's needs. Risks to people were assessed and reviewed and staff understood how to keep people safe. Staff were trained in safeguarding so able to recognise potential signs of abuse in order to keep people safe. People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not implemented the Mental Capacity Act when supporting people who may have lacked capacity to make their own decisions. People had access to healthcare provision to ensure their well-being and their dietary needs were maintained.

Is the service caring?

Good ●

This service is caring

People were treated with kindness, patience and respect by the staff that supported them. People were positive about their support experiences and received support from a consistent group of support staff that understood their individual needs. People were involved in making decisions about how their care and treatment was delivered.

Is the service responsive?

Good ●

This service was responsive

People were involved in the assessment of support provided in accordance with people's individual preferences and needs, but had not been asked to sign their agreement of reviews. This included a range of social activities and entertainment which was provided on a regular basis.

Is the service well-led?

Good ●

This service is well-led

The provider and registered manager provided good leadership and staff understood their responsibilities to ensure people received the quality of care and service they expected. Staff felt supported in their roles and people spoke positively of the management team at the service. There were quality monitoring systems to identify if any improvements were needed.

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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 18 November and 21 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from the local authority who commission services on behalf of people and Healthwatch. (The local consumer champion for health and social care services). We used this information to help us plan this inspection.

We spoke with six people who used the service, three support workers, the provider and the registered manager. We also spoke with two family members by telephone.

We looked at the support records for two people including medicine records, six staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us, they felt safe when they received support from staff who they knew and liked. They all said, they could go to the registered manager if they had a concern. One person said, "If I have a problem, I'd go to [registered manager's name] and they would sort it." A relative told us "[Person's name] is very safe no doubt about it". We saw people were relaxed and appeared happy talking to staff and the registered manager which indicated people felt safe and comfortable with them.

Staff we spoke with, had a good understanding of the types of abuse people receiving care and support in their homes and in the community could be at risk from. They were clear about the steps they would take if they had any concerns. Staff told us, they were confident to report any concerns with people's safety or welfare to the provider or the registered manager. A staff member told us, "The management would definitely investigate and act any concerns. They would refer to the Local Authority and Care Quality Commission (CQC)." The registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

We found risks to individuals had been assessed and recorded in people's support records. There was information defining the risks, with an indication of the action to be taken to minimise these risks for people's wellbeing and safety. People told us, how they had received training in how to keep safe. One person said "We have been taught safe places to go to in town if I feel scared, such as the library." Another person described, how they had used their training to stay safe, by asking a tradesman to show his identification card before entering the house, when they didn't, they refused entry and telephoned the registered manager's office to report it and request advice.

The provider and registered manager, had identified and managed risks related to the environment. For example, we saw there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) had been completed for people using the service. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency. The registered manager described how they had conducted unannounced fire drills in each home, so people could practice what to do if an emergency occurred. Checks of equipment and premises had taken place and action was taken promptly when issues were identified.

There were accident and incident reporting systems in place at the service. Staff had recorded in an accident book where they had had an incident causing them an injury. In people's support records there were incident recording sheets for staff to complete if required. The registered manager said staff would ring the office to inform them of any incidents. Completed incident forms were brought into the office to be checked and to ensure the appropriate action had been taken to help in reducing similar incidents from happening.

People told us, they felt there was enough staff employed to support their requirements. They said, there was a small group of staff employed so gave them the opportunity to have continuity of support. This included the support they needed to access the community and within their home. One member of staff

explained, "We work flexibly to make sure people's support needs are met. We are a good team."

People received rotas of which support workers would be visiting. These showed their visit time and the name of the staff who would be supporting them. People told us staff were usually on time and had no missed visits. Staff also told us, their schedules allowed for them to spend the full allocation of time with each person they supported. The staff rotas the provider showed us confirmed this was the case. People told us, the registered manager and provider offered them out of hour's support, in order to respond to any emergencies and so keep people safe.

We saw the provider's records of the checks they made to ensure support staff were suitable to deliver care and support before they started working at the service. The provider checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The staff records we looked at showed the results of these checks which helped the provider to make sure that suitable people were employed so that people were not placed at risk through their recruitment practices. However in two staff employment files we were unable to see references from their previous employers. The provider had requested them on two occasions without success, so had taken external advice then proceeded to employ them following risk assessments. As a precaution the provider extended their probationary period. People who used the service told us, they had been involved in recruitment. One person who used the service told us, they had asked their own interview questions about if staff, "Would they take them out to places they liked." Before a new staff was employed, the staff member was introduced to the person prior to them starting working at the service, to help ensure the person felt comfortable working with them in their own home.

We looked at how people were supported to take their medicines. Some people were responsible for taking their own medicines and were assessed as being independent in this area and other people needed support or reminding. One person told us, "I sort out all my own medicines but the staff just need to remind me." Another person said, "The staff just pop, the medicine pack for me." We saw people's support plan guided support workers in supporting people with their medicines. This included information about the medicine people took and possible side effects to look out for. Staff, were able to explain the procedure, they would follow if they found a medicine discrepancy. We saw medicines were checked daily by staff and any problems reported to the registered manager.

Is the service effective?

Our findings

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 the 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. Staff told us they had been trained in MCA. We heard how people were supported to make choices about the care and support they received, including how they spent their time and what they ate. During our inspection we saw people being given information in ways they understood (including Makaton a specialised sign language) to help them make decisions. Support staff respected the choices people made and supported them when they needed help. Support staff knew people well. One person said "Staff ask what I want and when do I want to do it, they give me choices." Another person said "I choose what I do."

We looked at how the registered manager protected people, who did not have capacity to give their consent. We saw the registered manager had not completed these assessments of people's capacity when they were needed. For example, one person's review said, the person did not have the capacity to manage their financial affairs, although there was no assessment available to see how they had reached this conclusion. The registered manager showed us the new care plan process which they were due to implement; this included mental capacity assessment documentation.

We also discussed the MCA with the registered manager and the provider. They told us, they had not initiated, or been involved in, any 'best interests' decision-making processes for anyone who used the service. The registered manager acknowledged, this was an area in which they lacked experience. They agreed, they needed to take action to update their knowledge, in case they needed to get involved in any best interest decision-making processes in the future.

Support staff were supported to develop the skills, knowledge and qualifications necessary to offer people the support they needed. Support staff received an induction when they started work at the service to get to know people, the care and support they needed and to understand their role and responsibilities. New support staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. New support staff did not work alone with people until they were able to support people in the way they preferred and they felt confident in doing this.

Support staff spoke with knowledge about people's needs. The provider reviewed the effectiveness of training by observing staff and discussing their practice with them. Feedback from their observations was given to staff immediately and discussed at regular one to one meetings with them. Any changes needed to staff practice were discussed and agreed at these meetings. The one to one meetings were planned in advance so that staff could prepare and enabled the provider to track staff's progress towards their

objectives. Support staff had an annual appraisal to discuss their development needs and career ambitions for the next year.

People ate and drank when they wanted to. People were assisted to make healthy eating weekly menus with staff support. One person told us "The staff help me to eat healthily because I'm watching my weight." Support staff helped people to prepare and cook meals according to their abilities but were mindful to maintain people's independence.

Support staff told us how they helped people to maintain good health and well-being. One support staff told us how they supported people to access health professionals if their physical or mental health condition changed. People were encouraged to have regular health care checks, including dental checks. The registered manager told us they were in the process of introducing health action plans for people as a way of recording people's health appointments and outcomes.

Is the service caring?

Our findings

All the people we spoke with were positive about their relationships and with the staff who helped and supported them in their everyday lives. One person said, "I would definitely recommend it. (care and support service they received). I am happy with the staff." Another person told us, "Staff are nice." When we asked a relative about the care and support their family member received they replied, "Absolutely marvellous."

People were encouraged and supported to be as independent as they wanted to be. For each person using the service the level of dependency varied but where possible people were encouraged to wash, dress, eat, and follow their individual interests as independently as they wanted with staff supporting them to do so. One person said, "Staff help me with my shopping, they know I don't like some foods, but try to help me keep to healthy eating." We saw some people who used the service were supported to maintain their independence. We saw people had their own door keys.

The registered manager and staff, demonstrated a caring approach when they spoke about the people they supported. They showed an obvious interest in people and their individual likes and dislikes. For example, they knew it was very important for one person to leave the house first to get into the taxi; otherwise they became anxious and distressed.

Each person had an identified key worker, (a named member of staff who worked with people individually) to ensure people's wishes and preferences were carried out. They helped people maintain relationships with their families and friends. One staff told us, how they had helped the person they supported to go Christmas shopping to buy presents for their relatives. We saw in people's support files there were personal important dates and events recorded. For example we saw a list of relative's birthdays to remind the person to send cards.

The provider ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely, so personal information about people was protected. When staff spoke about people, they did so in a kind and respectful way. They did not openly discuss personal information about people to ensure information was kept private. Staff told us how they maintained people's privacy and dignity. They gave examples of how they always knocked and waited before they entered people's homes.

The registered manager was aware of local advocacy services. They told us, they had been asked to help someone secure the support of an advocate in the past and would not hesitate to make contact with local services if necessary. Advocates are people who are independent of a service and who support people to make and communicate their wishes. We saw details of advocacy services were available in information booklet that was given to people when they first started using the service.

Is the service responsive?

Our findings

People we spoke with told us they were involved in all aspects of their care and support. One person told us "I can do what I want and when I want to. Staff help me when I ask." Relatives said they were involved with sharing information with the agreement of their family member to ensure staff had all the relevant information about each person. In the support record was detailed information including people's interests, history and preferences. When anything changed staff up-dated the plans, so people received support they way they preferred.

Staff told us, services kept people at the heart of their own care and support. We saw people who used the service made decisions about what they wanted to do and when. One person told us, how staff had helped them follow their interest, "They helped me adopt a horse – I love horses." Another person told us how staff had supported them to buy a ring for their girlfriend.

The wellbeing of each person was documented in daily records. These recorded the person's activities, support with people's behaviours and communication and provided an overall picture of the person's wellbeing. People were asked to sign the daily record to say staff had supported them as detailed. We saw when people needed care and treatment from other professionals the registered manager and staff supported the person with any advice and actions they needed to implement in their daily lives. For example, assisting people to gain professional advice and treatment, such as from doctors where their physical and medical health had deteriorated.

We saw people were asked to share their views and feedback about the quality of the care and support they received through satisfaction questionnaires. These questionnaires were in an "Easy Read" format (a use of pictures to help people understand) so everyone using the service could understand and contribute their views. Each month people, were asked to vote for the "Tenants Champion", this was a way of recognising a support worker who had delivered excellent support to them. The member of staff was then awarded a certificate of recognition which was displayed on the office wall.

The complaints procedure could be accessed in different formats to aid people's understanding. Some people who used the service may need support to be able to make a complaint due to their communication needs and level of understanding. People's support plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy. People could therefore feel confident they would be listened to and supported to resolve any concerns. A relative told us, "I've had no cause to complain, but if I did, I would speak to the registered manager."

We saw an example of this when on the day of the inspection whilst speaking to someone using the service they raised a concern. With their permission we drew this to the attention of the registered manager. We saw how they spoke with the person, reassured them and took the appropriate action to resolve the matter.

Is the service well-led?

Our findings

People and staff we spoke with were all positive about the registered manager and provider. One person told us "[Registered manager] name is very good, I could definitely talk to her if I had a problem and she would sort it.". A relative told us "The registered manager and staff are wonderful." One staff said, "I couldn't ask for better people to work for. When I was ill, the registered manager came out and took over my shifts." The registered manager regularly worked shifts in the homes because they enjoyed it and felt it kept them in touch with the staff and the people they supported.

There was an on call system for when the office was closed. Staff and people could always contact somebody from the service if required. One staff member told us "You can call the [registered manager's name] any time and they will respond."

People's views and suggestions were taken into account to improve the service. The registered person recognised the importance of gathering people's views to improve the quality and safety of the service and the support being provided. We saw from the latest survey, responses were all positive. Staff told us, they felt supported in their role and were able to make suggestions for improvements through a staff survey. We saw how the registered manager had responded to people's and staff comments, for example as a result extra staffing hours had been allocated to one of the houses to improve the level of support people required due to their changing needs. The support staff were aware of the provider's whistleblowing policy and how to use it should they have a concern.

There was a clear organisational structure, where each of the management team knew their roles and responsibilities. The provider used an external employment service to advise them of employment law issues. This was to ensure where they had to take action regarding staff recruitment, this was in accordance with the relevant legislation.

Quality assurance checks were completed on a regular basis. As part of their duties the support staff checked people's support plans and daily logs and medicine records. These were checked again by the registered manager and provider when they were taken to the office. This helped them identify where improvements were needed to be made. Where actions were needed, these had been followed up. Accidents and incidents were monitored to highlight any themes or trends.

The registered manager undertook spot checks where they checked to ensure staff had followed practices in line with the provider's policies and procedures. Where areas were identified that needed to be developed these were discussed and training was planned. For example, staff had been identified that some people using the service may be showing early signs of dementia, so staff had requested training, to enable them to support people to remain in their homes as long as possible.

The provider had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service. We saw this was available in the administration office.

The registered provider and registered manager were aware of their responsibility to inform the Care Quality Commission [CQC] about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. Staff told us policies and procedures were available for them and they were expected to read the as part of their training programme.