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Orion House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was the first comprehensive inspection of Orion House since it was registered in July 2015. The inspection took place on 19 May 2017 and short notice was given. This was because it is a small service and we needed to ensure people would be available to speak to. Also people with autism sometimes require time to process that a new person will be visiting.

Orion House is registered to provide care and support without nursing for up to five people. They specialise in supporting people with autism. At the time of the inspection there were three people living at the service.

There was a registered manager who was also the registered provider. 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 benefitted from a team of staff who were skilled and understood the complex needs of each person. There was a varied activities programme which included various trips and outings into the local community and places of interest.

Care and support was well planned which enabled staff to ensure people received personalised care. People's safety was considered in every aspect of their care and support. Risks were well documented and people were supported to have fulfilling lives with the least restrictions possible to keep them safe.

Medicines were safely managed. The provider operated safe recruitment processes to ensure only staff that were suitable to work with vulnerable people were employed. Systems were in place to ensure people's personal monies were safely handled and records kept to show the audit trail of where monies had been spent. Staff knew who they should report any concerns about possible abuse to. They were confident their concerns, ideas and suggestions were listened to and acted upon.

People were supported by a staff team with a range of skills and qualifications. Training and support to staff was seen as crucial to providing the right service to people. Staff felt valued and supported by a registered manager who worked alongside them. There were sufficient staff available on each shift to ensure people's needs and wishes were being met. People and their relatives were confident in staffs' ability to provide effective and person centred care. One relative said "They are very proactive in their approach, they support people well."

People's privacy and dignity were fully respected. Staff supported people in a kind and compassionate way. We observed staff supporting people in a way which ensured their dignity and respect was being considered.

People were supported to have maximum choice and control of their lives. Where possible, consent was gained before providing care. Staff were skilled at understanding people's non-verbal cues. Staff

understood how to ensure they were acting in people's best interests. Where people lacked capacity to make decisions, records showed best interest meetings and decisions were made with relevant people.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible.

The environment was kept clean and safe. Systems were in place to audit the environment, records and care and support provided. People's views were sought in a variety of ways to help improve the service and ensure their voice was taken into account when planning for the future with such things as activities and what they wanted to have included in their menu choices. People's relatives, staff and visiting professionals believed the management team to be open and inclusive. One relative said "This is the best service we saw and the approach is so caring. They keep us constantly updated."

There was a positive culture of striving to continually improve. The registered manager and provider had a proactive approach to seeking out best practice and advocating for the rights of individuals.

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.

People felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people.

People received their medicines on time and in a safe way.

Is the service effective?

Good 

The service was effective.

People were cared for by skilled and experienced staff. Training was seen as key to ensuring people received effective care and treatment.

The service used communication systems to promote the most effective way to assist people with their communication.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training about how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good 

The service was caring.

People received care from staff who developed positive, caring

and compassionate relationships with them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision making in meaningful ways.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on. Where people lacked communication to voice their views staff were skilled at understanding their non-verbal cues.

People and their relatives knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Good ●

The service was well-led.

The management team promoted an open and inclusive approach. There was a strong sense of wanting to continually improve.

People's views and/or the views of those who were important to them, were sought and taken into account in how the service was run. Changes and improvements were made in response to feedback.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the management team.

There were robust and effective systems to review and improve on the quality of care and support, taking into account the views of people and staff.

Orion House

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 checked 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 19 May 2017. We gave short notice to say we were inspecting because it is a small service and we needed to ensure people would be available to speak to. Also people with autism sometimes require time to process that a new person will be visiting. The inspection was completed by one adult social care inspector.

We spent time observing how care and support was being delivered and talking with one person who lived at the service. Other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with complex needs and communication difficulties. We also spent time touring the building and reviewed records and information relating to how the service was being run. We spoke with four staff including the registered manager/provider. We looked at two care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We looked at three recruitment files, medication administration records, staff rotas and menu plans. We reviewed audit records relating to how the service maintained equipment and the building and the quality assurance processes in place.

The provider had 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 this and looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law.

Following the inspection we spoke with two relatives and contacted three health care professionals to gain their views about the service; two provided feedback.

Is the service safe?

Our findings

People were protected and kept safe because the staff team understood how to assess risks in the least restrictive way. Where risks had been identified, measures were considered to minimise these risks. For example people who may be a risk to themselves or others due to their complex behaviours were supported by one or two staff when in situations where their anxieties could be heightened. One person had a fear of dogs so staff supported them to access social and public areas where they were less likely to encounter dogs. One staff member said "We have made great strides with (name of person); we are able to take them out and about to lots of different places." The team adopted a flexible and reflective approach to risks and incidents. For example, when one person became anxious and distressed in their room they would occasionally lunge forward to hit staff. The registered manager had placed a coffee table next to their arm chair, which meant they had to walk around this to get contact with staff. This did not restrict their movement but provided additional space between them and staff. This had worked to good effect and had lessened the number of incidents.

Each person had a positive behaviour support plan which detailed what had been identified as known triggers for potential behaviours which placed them or others at risk. Staff had clear guidance about what were the early behaviour indicators and how best to support the person to reduce their anxiety and stress.

People had the right support throughout the day and night because staffing levels were based on levels of assessed need and where people had specific additional one to one support, this was clearly identified. The registered manager said they had a structure in place which always allowed for at least two staff on shift at all times. At night this was one waking night person and one sleep in person. Staff said they always operated with the full complement of staff and did not have to rely on agency staff. This was because some staff were able to work additional hours when required to cover sickness and holidays. In addition the registered manager and provider also helped with working as part of the support team. The deputy manager provided additional support when needed.

People were protected from the risk of unsuitable staff being employed. Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people. They were only offered employment once the registered manager and provider were satisfied all these checks were in place.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training regarding safeguarding. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. Safeguarding topics were discussed within team meetings and in one to one supervisions with staff.

Each person had a personal emergency evacuation plan (PEEPS) which detailed what support they would

need to evacuate the building in the event of an emergency. Records showed that practice evacuations were completed on a regular basis.

People received their medicines in a safe and caring way. Medicines were kept locked in the staff office and staff administered medicines to people in accordance with their medicine policy. We observed one person receiving their medicines. The staff member explained what they had given the person and waited for them to swallow the medicine. Records were completed appropriately and consistently. The service had a homely remedy policy for administering non-prescribed medicines for such things as colds and cough. Everyone had been assessed as requiring assistance with managing their medicines and all were happy to consent to taking them. When people went out into the community, there was a separate system for recording that medicines had been taken out for administration at the correct time as prescribed. Audits were completed to ensure that records and medicines stock tallied. Where an error had occurred the staff team discussed this and measures were considered. Staff received training in safe administering of medicines and their competencies were checked and monitored by the registered manager who frequently worked alongside staff as part of the shift.

The provider completed monthly safety checks to ensure people were kept safe and the environment was free from risks. This included ensuring that water temperatures were at a level that ensured people's safety from possible scalding. A safe system was in place for ensuring people's personal monies were recorded and monitored. Records showed each transaction had a receipt and balance and checks were completed each day to ensure the amounts held for each person was correct. At present only senior staff had access to people's monies, but as the team was small, they were looking at ways to extend this so all staff could have access to some monies for ad hoc trips and items needed for the home.

The environment was kept clean and a thorough cleaning schedule was completed daily and weekly. Staff understood about infection control measures. The home was clean fresh smelling and very homely.

Is the service effective?

Our findings

One person told us "I think the staff are very good." One relative said "This service is like a breath of fresh air. The manager knows her stuff and the staff are very good. I can't believe the change in (my relative) since moving to Orion House."

People benefited from staff who were well trained and supported to do their job effectively. Staff training was seen as key to ensuring staff had the right knowledge and skills to work in the most effective way with people. The registered manager ensured training on all key areas of health and safety were covered annually. In addition staff received training on safeguarding, the Mental Capacity Act, autism understanding and support and Non-Abusive Psychological and Physical Intervention. (NAPPI). The registered manager explained how she had introduced a variety of methods for learning and development as "different people had different learning styles." Some of the courses were self-learning on line or DVD. This allowed staff to review the course material at their own pace. Other courses were practical group learning and provide by external trainers. The registered manager said they also used staff meetings and one to one supervisions to reflect on practice and review training needs and plan for future training.

Staff confirmed they were confident they had the right training and support to do their job effectively. They said supervisions were offered a least six weekly and more frequently if needed. Staff said they valued the support and training offered and that the registered manager was open to further training if they requested it. One staff member said "(name of registered manager) was a trainer and has a wealth of experience and qualifications in behavioural psychology. She helps us focus on getting our approach right for each person who lives here. I am proud to work at this service and left my last job to come here because I knew it would be good."

All staff whether new to care or not, were required to complete the Care certificate, which was introduced 2015 to standardise the induction and key learning areas for people working in care. New staff were also given opportunities to work supernumerary and alongside more experienced staff until they felt confident to work with people. The registered manager said the amount of shadow shifts new staff completed depended on their past experience and confidence in working with people with complex needs. Staff confirmed the induction process was supportive and thorough.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate applications and two of these had been authorised, whilst others were still awaiting assessment. Staff were aware of these safeguards being in place to ensure peoples' rights were protected. It was clear from daily records and from speaking with one person; staff worked in the least restrictive way to ensure people had fulfilling lives.

Records showed people's capacity to consent to various aspects of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as GPs or independent advocates where appropriate. For example, best interest decision had been made about how best to support someone who needed to have some blood tests. A learning disability nurse visited the service and staff supported the person to have their bloods taken in an environment where they felt secure and safe. This had worked well.

People were supported to enjoy a balanced diet which helped to promote their well-being. As the service was small and currently only had three people living there, menus were highly individualised taking into account people's like and dislikes. People were also afforded opportunities to be involved in the shopping and cooking of meals. One person was being supported to have a cooked breakfast and was helping in the preparation of this on the morning we visited. People were guided to healthy eating options but their choice to enjoy snacks and less healthy options was also honoured. For example, one person enjoyed biscuits with their cup of tea. Others enjoyed choosing pastries and cakes when they went out to do the shopping.

People had access to health and social care professionals. The service also made use of the local specialist learning disability team. For example one relative said "The staff knew when (name of person) had a dip in their health and was on to it straight away. Their proactive approach worked well and they kept on top of their health and well-being."

The environment had been designed with people's needs fully considered. For example, care had been taken to ensure bedrooms had been sound proofed where possible. This was because people with autism can have extra sensory perceptions and find noise difficult to process. All bedrooms were en suite or had access to their own bathroom. These had been designed to allow people to have full assistance in spacious surroundings. For example walk in wet rooms.

Is the service caring?

Our findings

One person told us staff were kind to them and confirmed they always knocked on the bedroom door and waited before entering. One relative said "I can't fault the staff. (Name of registered manager) and all the staff are excellent. Very caring."

Staff spoke about people in a way which showed they enjoyed supporting them and celebrated their positive attributes. For example they did not dwell on behaviours but talked about people having a good sense of humour and skills in areas they admired. Care notes showed staff were respectful and saw people as people.

The culture of the home showed the experience of people mattered; staff had developed strong bonds and relationships with people. Staff were skilful at understanding people's non-verbal cues and knowing when people may need additional care and comfort and when they needed space to be themselves. Good use was made of symbols and communication aids to help people make their views known and to make choices. This also helped people to make sense of what was happening and what was expected of them.

Staff understood the importance of offering people choice and respecting their wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes in how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. For example one person loved a particular genre of music and staff spoke with them about this.

People were supported to maintain important relationships. Relatives confirmed there were no restrictions on visiting times; they were always made welcome. Monthly reports on what each person had been doing and what they had enjoyed was sent to their family and other people who were important to them.

We observed staff having fun and chatting with people. The approach was always kind, caring and took into consideration the cues people gave. For example it was clear one person wished to spend time by themselves in the lounge. Staff popped in to check they were ok, but respected their wish to be alone. We observed staff knocking on bedroom doors before entering. People were referred to be their preferred name. Staff talked about ways in which they ensured people's support and care was carried out in line with ensuring their privacy and dignity.

As a small relatively new service they had yet to build up many comments and thank you cards. One said "thank you for all your help and support, we can't thank you enough."

Is the service responsive?

Our findings

People received personalised care that responded to their individual needs. One professional said "From what I have seen, the service is person centred and they work with individuals to find what interest them and how they can get them involved in activities in and outside of the home."

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished and needed to keep them feeling secure and safe. The registered manager ensured this was achieved by having a comprehensive pre admission assessment process which gained the view of the person where possible, but also considered the views of their family and other professionals working with them. They kept this assessment under constant review. For example they had found one person had a detailed assessment from a healthcare professional stating they did not like crowded and busy environments. Staff at Orion House had experienced this person enjoying quite busy and stimulating environments. The registered manager had therefore been seeking an occupational therapist to reassess this person.

Care plans were comprehensive and a dynamic document which staff used to help them understand people's needs and how best to support them. The provider information return stated the care plans were designed to "offer non-restrictive care that offers choice and flexibility whilst also focusing on health and well-being and positive life experiences. Care plans reflect feedback and are changed accordingly when needed. Regular reviews take place between staff members and interactions with family and clients." We saw plans covered all aspects of people's needs wishes and welfare, including their physical and emotional well-being. They included morning and evening routines for each individual. This showed the service understood how to work in a person centred way ensuring people preferred routines were being honoured. Staff were able to describe the details of people's routines, what was important to them and how they had adapted this once they got to know the person better. For example one person did not find it easy to get up in the morning. They had agreed a morning routine with staff which allowed some leeway for when they were feeling tired but also encouraged them to be up and ready for planned activities.

People benefitted from a responsive staff group who understood their needs and could adapt their approach to ensure people's support plans were followed. They also ensured people had opportunities to try new things and explore their local community. Staff confirmed the positive behaviour support plans were person centred and highly individualised. They gave staff specific instructions about how best to support people and what behaviours and triggers to be aware of as signs they may need to try something different or distract the person to prevent them becoming more distressed.

Each person had their own weekly activities programme which had been devised with them. One person did a weekly work experience placement volunteering at a local charity shop. They also attended college two days per week with support from staff. The service had taken over a local allotment and people went with staff to grow vegetable and enjoy being outside in the fresh air. The registered manager said the allotment community had accepted people into their 'fold'. Some people enjoyed attending specialist discos for

people with additional needs. Others preferred less stimulating activities such as walks in the woods and surrounding countryside. Staff confirmed that people had busy and active lives with lots of different activities which enabled them to meet people outside of their own home.

People were encouraged to voice their views in a variety of ways. There were regular house meetings for example. There had been no formal complaints and the registered manager said for some people it would be difficult for them to say what was upsetting them. They wrote up a review of what each person had achieved each month, what activities they had attended each day and what things had worked well. By completing this monthly summary they were able to see, by behaviours or incidents, if a person was showing they were unhappy with a particular event. Similarly all incident reports were reviewed and analysed to see if there was pattern to why an incident had occurred. Relatives said they would be confident to make any worries or concerns known, but to date had not needed to raise any. One said "It is a very open culture. They keep up to date; we even get all the information about what has been spent, receipts and everything."

Is the service well-led?

Our findings

People, staff and professionals had confidence in the management team. The registered manager was also the provider who had set up and registered Orion House in July 2015. They had previously worked for a national organisation who specialised in providing care and support for people with autism. The registered manager had qualifications in behavioural psychology and a wealth of experience working with people with autism. The registered manager and their partner who worked as the deputy manager had created Orion House as they saw a need for a community based small home for people with autism and complex needs. They worked alongside their staff team and led by example. One professional said "(name of registered manager) clearly shows a great deal of patience and understanding in working with people. Her gentle and encouraging approach has worked well."

There was a strong commitment to continuous improvement through investment in staff learning and support and through reflective practice. Staff said they felt valued and that their views and suggestions were actively sought. One staff member said "I know (name of registered manager) from where we had both previously worked. I knew her ethos and ethics were what I believed in and was excited to come and join her in this new project." They went on to detail ways in which the registered manager ensured staff had their views heard. For example regular staff meetings where staff were paid to attend. Another staff member said "Supervision is really used well here. It is not just paying lip service to it. We really have the opportunity to put forward our views." Staff said the training and development available was good and that support was available in the event of an incident and the need to debrief.

People benefited from a management team who were reflective and analysed and audited any incidents. This was crucial in a service where some people were unable to communicate with words. The PIR stated "The behaviour and communication of our clients is one of the biggest indicators of how well we are supporting our clients and whether we are maintaining our values and positive culture." This positive culture was embedded in staff practice and views. For example staff spoke about the steps people had taken since coming to the service. This may have been something small, such as choosing their own food. It was clear staff were proud of the achievement people had made. For example one person who did not use words to communicate had recently started to use symbols and pictures to help them make sense of what was happening each day. They did not carry the communication system around with them, but clearly referred to it and knew if the wrong symbols had been used.

The service had a strong mission statement which stated that everyone whatever their disability should be "empowered through appropriate support to exercise their right to choice, opportunity, respect and dignity." It was clear from speaking to staff and in reviewing daily records about how people were being supported, that these values were embedded into everyday practice. One person told us they were given choice about what they wanted to do and that staff had supported them to try new things.

The registered manager said that being part of the community was a vital part of people having an inclusive service. The house was on a residential street. The allotment was being used for people to get to know other locals. The service had also built up links with shops such as the charity shop where one person worked and

other local services.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement and appropriate referrals were made. One healthcare professional said "The service refer for support when needed and we have good liaison with them."

The registered manager was aware of their responsibility to keep CQC informed of notifications of events or incidents which had occurred at the service. They kept up to date with best practice through reviewing best practice guidance and made use of the CQC website. The team also made use of CQC key lines of enquiry to help them develop their service development plan.

There were plans to develop surveys as an additional source of gaining people, relatives and professionals views. Audits were used to ensure medicines, management of monies, records and the environment were well maintained and kept up to date. Accident and incident reports were reviewed daily