

# Orbit Group Limited

# 11 Cullum Road

## Inspection report

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Date of inspection visit: 15 January 2015  
Date of publication: 20/05/2015

### 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	

### Overall summary

This was an announced inspection carried out on the 15 January 2015. The service provides personal care to people living in sheltered accommodation and there was a registered manager in place. 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.

At the last inspection on 19 September 2014. We found that people were not protected against the risks

associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We also found that the provider did not have an effective system to regularly assess and monitor the quality of service that people received or to identify, assess and manage risks to the health, safety and welfare of people who used the home. We issued the provider with a warning and required them to take action to improve these elements of the service. At this inspection we saw that improvement had been made to meet the relevant requirements.

# Summary of findings

Medication was stored securely and since our last inspection significant action has been taken to put systems in place to audit medication, detect errors and take action promptly should any errors arise.

The staff had received training in the safeguarding of people, promoting dignity and respect and in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Before moving to the service people took part in an assessment of their needs from which a care plan was written and reviewed regularly. The care plan determined how many visits the person required each day and hence the number of staff required to be on duty.

Staff had worked with people to support them to access and be visited by healthcare professionals when they had been unwell and also to arrange on-going appointments to maintain their well-being when long standing illnesses had been diagnosed.

Staff had supported people to maintain and improve their independence after periods of illness. There were regular activities arranged for people and support with hobbies. Many of the communal walls had been decorated with drawings and paintings by the people who lived at the home.

There were systems in place for replying to people's concerns. People told us that they were confident in the manager and senior staff who they saw regularly.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had received training regarding safeguarding and were able to explain to us what they would do should they have any safeguarding concerns.

There were robust recruitments procedures in place.

There were sufficient staff on duty to support people.

Good



### Is the service effective?

The service was effective.

Senior staff carried out assessments of people's needs prior to moving into the home to ensure that they had resources required.

The service supported people to access other providers with regard to meals or support them with their nutrition needs as per their individual care plan

The staff had made referrals with or on people's behalf with their agreement to seek medical advice at times when the person was unwell.

Good



### Is the service caring?

The service was caring.

People were supported with their needs and that staff were discreet.

People were involved with the writing of their care plan.

Staff were knowledgeable about the support people required.

Good



### Is the service responsive?

The service was responsive.

The support was provided as stated in the respective care plan and changes had been agreed by all concerned and implemented appropriately.

People were supported to make choices for example about how they arranged to have their meals and who if required assisted them with the cleaning of their accommodation.

There was a complaints policy and procedure in place and people felt confident that any issues raised would be resolved.

Good



### Is the service well-led?

The service was well-led

The registered manager and area manager, who is also the Nominated Individual had increased the time they spent at the service since our last inspection. They planned to continue to do so to support the staff and people who lived at the home.

Good



# Summary of findings

Staff had sufficient time for there to be detailed handovers between shifts in order that the staff were aware of what had happened and what needed to be done on the next shift.

There were quality assurance systems in place to audit the service provided and take action to improve where short-comings had been identified.

# 11 Cullum Road

## 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 15 January 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service to adults who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

The inspection was carried out by two inspectors.

During our inspection, we reviewed six care plans, looked at policies and audits regarding medication and quality assurance.

We spoke with nine people who used the service, two relatives, the area manager, the registered manager and three members of care staff and observed the staff handover between shifts.

# Is the service safe?

## Our findings

At our last inspection on 19 September 2014. We found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. We issued a warning to the provider and required them to make necessary improvements to this aspect the service.

At this inspection we found that the required improvements had been made. Some people managed their own medicines and self-administer while other people required assistance from the staff to prompt or remind them to take medication. People told us that they appreciate the support of the staff, knowing it was their decision whether or not to take medication and they would consult their GP if there were any concerns.

Staff involved in administering medicines had received the required training and we observed a member of staff administering medicines to people. They checked that people had the correct medicine before they administered and also asked whether people needed any as medicines that were prescribed to be given on an as required basis, such as pain relieve.

We found that medication administration record (MAR) charts had been carefully completed, there were no gaps and staff had signed the record after administration. We checked the stock of five different medications and found this to be accurate. The manager explained that they had increased the audits of the medicine management systems and that any errors would be swiftly addressed.

One person told us. "I like it here it is a lovely place, really like the garden but not in this weather, I do feel safe." Another person told us that they felt isolated and alone before moving to the service and now they had made friends and felt secure as staff were always there. A relative informed us. "Not only does [my relative] feel safe but I feel better as well, knowing they are here and in their own place."

The people considered that they were safe in the service and told us that they knew the staff that provided support to them. Staff had received training and further training was planned regarding recognising and safeguarding people from the risk of abuse. Staff told us about the training and the actions they would take to report any concerns, should they ever arise. They said that there was an open culture and that they were confident that they could speak with senior people about any concerns and they would be supported.

There was a comprehensive safeguarding and whistle blowing policy in place. There had been no safeguarding concerns identified since our last inspection.

Risks to people's safety had been assessed by the staff. This included assessments prior to people moving into the service to ensure that the care and support could be provided. The registered manager informed us about the assessment process, used when a person had been admitted to hospital with regard to them returning to the home. We saw that risk assessments were carried out and recorded in order that the staff of the service could meet the person's needs. This meant that some care packages were increased in time or additional visits were made.

People told us there were always enough staff available to help them. The staff came at the times as specified on their care plan with the reassurance that if they were unwell or required extra help on an occasion they could use their call to summon assistance. This information was confirmed by relatives and the registered manager told us that they had an established team of staff who knew the people well. There were no current staffing vacancies and hence no recruitment in progress. We saw that there was a recruitment policy which included taking up satisfactory references and referral to the Disclosure and Barring Service.

# Is the service effective?

## Our findings

One person told us. "I think the staff are effective in the sense that they come on time and do what needs to be done, but there is more to it than that, it is how they do it, with a smile and pleasant voice."

Staff received appropriate professional development. We looked at three staff records which showed that supervision had taken place monthly. We saw evidence that detailed supervision notes had been recorded and that necessary follow-on actions had been monitored. Staff we spoke with told us that they could approach senior staff at any time if they needed assistance or advice. Staff told us that they attended staff meetings and that these were useful regarding communication and planning. They also found that the handovers were extremely helpful and if they were unsure of anything they could speak with the senior staff or manager for clarification. We also saw that staff had a yearly appraisal. Records showed that staff had an induction course and then further training to compliment this at times during the year this included topics such as Parkinson's disease, dementia and diabetes care to enable them to support people meet their specific and changing needs. There was an emphasis placed upon knowing people and being aware of any changes in their well-being. Staff were particularly concerned for one person, regarding an infection and had sought advice from the GP. Their knowledge of this condition and fast reaction to explain to the GP the situation was as a result of their training. This meant that staff were knowledgeable about the needs of the people in their care and in this case the GP attended as they had been made aware of the seriousness of the person's condition. Three staff members we spoke with told us that they felt appropriately trained and competent in their role and responsibilities. They told us about the training received which they felt was presented in an interesting way by the trainers used and that it was relevant to their roles.

The manager had received training as had the senior staff. Although there were no DoLS in operation it was important for the staff to be aware. The home was a housing service with support through a domiciliary care agency model. Hence if a DoLS was considered as appropriate then this would raise the question if the service could provide the required level of support to the person at that time. The

service was aware of the local DoLS team and would also seek advice from the person's GP and also had strong links with the local mental health team which was a further source of advice for the manager and staff.

The staff supported people to ensure that arrangements were in place so that they had sufficient amounts to eat and drink. Some people had their main meal of the day delivered to them by a dedicated meal service of their choice and were further supported by the staff to meet their nutrition needs as identified within their care plans. Some people regularly went into town to purchase meals or purchase goods to make their own meals. Other people found that they used their microwave ovens with the support of staff at various times during the day to provide light snacks. Most people ate their meals in their personal accommodation, while the staff encouraged people to attend coffee mornings and tea meetings in the afternoon in the communal areas. We saw in the daily notes that staff did pay attention to recording that people had consumed their meals or not as the case maybe. When this was of concern the staff encouraged people to seek further advice from a relevant professional or did so themselves. One staff member said that through their training they had recognised symptoms of an illness which they had reported. This had resulted in professionals being consulted and through the support they had provided meant the person's condition improved and they had remained at the service.

Staff were knowledgeable about the people they supported. They were able to tell us about the people's needs and their preferences. Most people moving to the service were able to maintain their existing health care professionals such as dentists and opticians. The staff supported those people who required support to join a new GP practice as required. We saw that many people were able to manage their own health need appointments and affairs, while support was provided for others as per the care plan and time allocated for this need as required. The staff encouraged people to share information with them about the care and support they received from other professionals so that it could be recorded in the care plan. However the amount of detail and indeed if people wished to have any information recorded about this specific of their health was a matter of their choice.

# Is the service caring?

## Our findings

People told us that they were supported with their health care needs and they were met. One person said, “The staff are very caring, cannot ask for more.” Another person said, “I must not let illness beat me and the staff encourage and help and through their care I am still going.”

Positive caring relationships were developed between the staff and people living in the service. Staff told us that they had time to read and write notes. There was also time to discuss how care was provided and if anyone needed additional care in the handovers. Senior staff were supported by the local authority increasing the time for care to be delivered when people were unwell. They did not have to wait for a review which would happen a short time later if they deemed the additional support was on-going. People knew staff well and felt that they had the time to provide for their individually assessed support needs.

People were supported to express their views. We saw evidence of residents meetings which were arranged in good time for people to have notice to attend. Consideration had also been given as to the best times to have these meetings to support people to attend. People could ask for issues to be put onto the agenda and also raised matters under any other business. People also had a copy of the meeting minutes.

We saw that people were involved in the assessment of their care. In the first instance prior to coming to the service and then through further planned assessments or urgently arranged assessments in response to changing needs. We saw five care plans and within each care plan a length of

time such as 15 or 30 minutes was allocated to when a staff member would meet the person to support them. People told us that the staff were very good at coming at set times in order that they could plan their day. They also found that staff were flexible to change the times for example to come early if they were going out. Within the care plans we saw risk assessments and how the staff would support the person with those specified needs. We also saw that they wrote daily notes in the care plans. The plans had been written with people to focus upon what they did to support themselves and what the staff were required to do in order to assist the person.

People’s privacy and dignity were protected and respected. We saw staff knock and wait before being invited into the person’s home. People were happy with the support they received and that it made a difference to their everyday living. One person told us, “I was worried at first, but they have put my mind at ease”. Everyone we spoke with said that the staff were approachable and that they would be happy to tell them if they preferred their care to be delivered in a different way. A visiting relative we spoke with told us that their family member had become relaxed and comfortable since moving. They had support them to look at a number of accommodations and this service had not rushed them, invited them to look around and answered their questions. Hence they considered that both they and their relative had been treated with respect. The relative informed us, “Just like being in their old home, I just pop round anytime and they can let me in.” We looked at five care plans for people who used the service. We saw evidence that they had been involved in their care planning and had signed and agreed to their care. This showed that people were involved in their care planning.

# Is the service responsive?

## Our findings

People who lived in the service and their relatives told us they received support that was individually assessed and personal to their needs. One person told us, "I have had to use the call bell and the staff are here ever so fast." They went on to tell us that they found this reassuring. A relative told us, "The staff contact the GP on [my relatives] behalf, as they felt so poorly and probably did not have the voice to make themselves clear at the time." They considered this was an example of responsive.

The manager told us that providing personalised care that was responsive to need commenced before the person moved into the home. Prior to moving into the home, people had their needs assessed and also came to visit the service and see the potential individual accommodation. At this time the service was explicit with regard to the support it provided and how this was to be achieved. This meant that people had the opportunity to see if this was the right place for them. One person told us they had moved to the home because of its location being so close to town and all the facilities and amenities this provide to them to maintain their independence.

People told us that they received personalised care that was responsive to their needs. In the first instance prior to moving to the home people were given a comprehensive guide to the service. Within this guide we saw details on how the service would be provided and the responsibilities of the service and those of the individual regarding their tenancy.

There were group activities arranged for people in which to participate and enjoy. This included knitting circles, bingo and other game events and opportunities for art, especially painting and drawing.

Four members of staff we spoke with were all able to tell us about the specific needs of people living at the home in detail. They saw that responsive came in two parts. Firstly that they responded to the identified care plan and saw the person on time to deliver the agreed support. They also saw responsive as responding to the call bells and reacting to any emergency and they considered that they had received appropriate training for when this occurred.

People who lived at the service were asked for their views about their care and treatment and their comments were acted on. Staff told us they reviewed care plans regularly as part of their key worker duties and this was confirmed by the people who lived at the home. This was to ensure that people received support as per their care plan and any alterations were considered. One person told us, "I see the staff to check that my care plan is up to date and we make any changes together." The person also explained to us that their Social Worker was also involved to ensure that if additional time was required by the staff to support the person this was included into the care plan.

The provider took account of complaints and comments to improve the service. People told us that monthly resident meetings were used to raise and address issues and concerns. We saw that the complaints procedure was displayed within the home and people also had their own copy as part of the introduction pack. The manager informed us that if ever a person required assistance with making a complaint and they did not have a family member or friend to assist them, and then staff would support them. Alternatively they would discuss with the person the involvement of an advocate to work on the person's behalf. We saw that there was information about a number of advocates available and therefore gave the person a choice, should they need to involve an advocate. This showed that people were able to be involved in the way their care and welfare was being delivered.

# Is the service well-led?

## Our findings

At the last inspection on 19 September 2014. We found the provider did not have an effective system to regularly assess and monitor the quality of service that people received or to identify, assess and manage risks to the health, safety and welfare of people who used the home. We issued the provider with a warning and required them to take action to improve these elements of the service. At this inspection we found that the required improvements had been made.

The manager told us about the action plan that had been written to resolve the issues identified in at our last inspection. The information had been discussed at staff meeting so that the staff were aware and the entire team could work together to improve the service.

People who used the service and their families were invited to provide written feedback on an annual basis. We noted that most people had given positive feedback about the quality of support and care given and activities offered to people who lived at the home. The survey results had been evaluated and CQC last inspection report reflected and used to develop an action plan focused on the services development needs. The area manager was providing greater support to ensure that audits were carried out.

We saw that the manager completed various monthly audits including monthly medicine audits and the results were used as the basis for an action plan to correct any issues identified as needing attention. The area manager had also introduced a process of managers sharing learning across all of the providers services. This involved sharing and comparing audit results and was aimed at developing a culture of managers discussing information and supporting each other.

People who used the service were asked for their views about their care and treatment and they were acted on. People said that they had no problem contacting the staff and management should they have any issues or concerns. One person said. "I see someone every day which is reassuring." They further explained that they had arranged a great deal of their own care and support but found the daily contact with staff supportive to chat things over with. They said. "Sometimes things can be a little tricky so it is good to have the staff help me."

Members of staff informed us that the registered manager and nominated individual spent more time at the service since our last inspection. The nominated individual told us that since our last inspection the need for increased management time to be present to support the staff had been identified and acted upon.

The manager informed us that they found the organisation and the staff working at the home supportive of them and each other. They said that everyday was different and staff enjoyed the variety this brought to their work. Staff told us that morale was good, people worked as a team and it was a pleasant environment in which to work and they enjoyed supporting people to enjoy their lives.

Staff members considered the leadership of the service positive as the organisation and managers were open to ideas. They understood and supported the philosophy of the service to support people to be independent and said that they respected people's choices about how they spent their day. A staff member described the happy balance that had to be struck of being present to support with the planned and unexpected while this was not a residential home. Hence enjoyed working to an individual timed support plan, but felt positive that they were on hand for emergencies.