

Orbis Support Limited

Orbis Support Offices

Inspection report

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Date of inspection visit:
08 December 2022
09 December 2022
22 December 2022

Date of publication:
30 March 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Orbis Support Offices is a supported living service. The service provides support to people with a learning disability and autistic people living in their own home. At the time of our inspection there were 16 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People received outstanding care and support from staff who were highly motivated, compassionate, and dedicated to ensuring people lived their best lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Risks in relation to people's care and support were exceptionally well managed to assist people to live their lives as they chose, and to access opportunities which previously had not been available to them.

Staff knew people remarkably well and this supported them to understand how to maintain and improve people's independence ensuring they lived a meaningful and varied life. Each person was allocated their own staff team which ensured they were supported by staff who knew them exceptionally well and who provided a consistent high standard of care and support. There were enough staff to meet people's identified hours of support, and this supported people to be able to access activities both socially and within their home. Robust infection control measures were in place, people were supported by staff to keep their home safe and clean. Medicines were managed safely.

Right Care:

People received excellent care and support from a dedicated staff team who knew people's needs exceptionally well. Staff were passionate about achieving the best outcomes for people to support them to live the life they wished.

The provider had a truly holistic approach to assessing, planning and delivering care and support. They worked with other health and social care professionals to support the delivery of high-quality support and care. A health care professional told us how they had been "impressed" by the support a person had received during a difficult transition from hospital."

Right Culture:

There was an extraordinary empowering and positive culture with staff putting people at the centre of everything they did. People lived inclusive lives and were supported to take part in meaningful activities within their local communities. People's homes were no different to other homes in their street. Staff very much saw themselves as guests in people's homes. The staff team were extremely focused on providing person centred care that was responsive to people's changing needs.

The leadership and the management of the service was outstanding. There was a strong emphasis on continuously improving the service to support people to receive the highest standard of care. Training opportunities for staff were excellent with bespoke training in place to support the needs of the people using the service. Staff were highly valued by the provider and registered manager. Staff were extremely complimentary about the support they received from the provider and managers.

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

Rating at last inspection

The last rating for this service was Outstanding (published 23 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Orbis Support Offices

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector, a Pharmacist Specialist, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We also gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for 'best interests' decisions for each person about this to be undertaken.

What we did before the inspection

Prior to inspection we used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding teams.

We used all this information to plan our inspection.

During the inspection

We visited 5 people in their homes so we could observe the care and support provided and speak with people and their staff.

We spoke with 22 members of staff including the registered manager and provider. We received further feedback via email from 8 staff. In addition, we received feedback from 5 visiting health and social care professionals. We spoke with 11 relatives.

We reviewed a range of care records for 5 people and looked at records in relation to the safety and management of the service. We also reviewed records the registered manager had sent us electronically.

After the inspection

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were extremely well managed. Assessments of risk were exceptionally comprehensive and detailed, to support people with safe risk taking which promoted their independence and respected their choices.
- People were extremely well supported to make choices about how they wished to live their lives. Creative ways were explored to safely support people to attend activities without raising their anxiety or distressed behaviours. Where there had been incidents of distressed behaviour, staff worked with the person to look at ways they could still attend the activity whilst minimising the potential for an incident.
- Staff were exceptionally proactive and responsive to positive risk taking. Staff were not risk adverse in their approach to organising opportunities for people. Where there had been an incident, staff said this would not preclude a person from still attending any activities if they wished to. Staff would explore how best to continue supporting people to access an activity safely.
- During the COVID-19 pandemic the service worked closely with Public Health and the police to support people to safely access outside activities which were very much part of their daily routine. It would have caused them distress should they not have been allowed to access these community activities. The provider looked at how to do this creatively and how to safely manage some of the opportunities that were not accessible.

Systems and processes to safeguard people from the risk of abuse

- Robust systems were in place to safeguard people from the risk of abuse or harm. The management team had excellent knowledge and oversight of the services people received and what was needed to ensure they were safe. Staff said the management team were extremely visible within services and very approachable. Staff felt absolutely confident any poor practice disclosed or observed would be immediately addressed.
- Staff were extremely skilled and knowledgeable about what was needed to keep people safe. All staff knew what to do should they have any concerns and how to report these both internally and externally. Staff said the organisation was extremely open and transparent and they were continually encouraged to raise concerns or report poor practice.
- People were supported to understand what being safe meant to them. There was easy read information available for people about what keeping themselves safe looked like and how to report any concerns they had.
- Relatives spoke positively about how the service was creative with planning how to keep people safe. One relative told us, "Staff manage any incidents of distressed behaviour appropriately with an agreed de-escalation plan involving talking before resorting to any physical restraint." Staff had taken advice from

recent research on trying different sensory inputs and were hopeful this might help reduce self-injurious behaviours.

- People were protected from abuse as staff were trained in safeguarding. Staff were extremely knowledgeable about the measures in place to support people including the appropriate use of physical restraint which they explained was a last resort. A debrief discussion took place after incidents to ensure risk assessments and restraints had been followed correctly.

Staffing and recruitment

- Each person had a bespoke staff team. This ensured staff knew the person extremely well and provided consistent care and support. There were always enough staff to support people. Where people's staffing levels were 2:1 and above these were never used in a restrictive way. People could choose who they were supported by for each activity and additional staff would do other tasks until they were needed. One staff member told us, "In my team we are fully staffed and have one regular bank staff who helps with holidays, sickness and training. I organise the rota around staff skills, so that the person that we support needs are always met."
- Where able, people were supported to be involved in the recruitment of their staff. Candidates undertook a value-based interview to ensure they were suitable for the role. The registered manager told us, "Staff have to be the right person with the right values to ensure they match the person they support." The provider had recently increased the hourly rate to attract the right candidates.
- Safe recruitment practices were followed. This included recruitment checks and references to help the provider make safer recruitment decisions.

Using medicines safely

- Medicines were very well managed. Medicines administration records were clearly written and contained relevant information and guidance for staff to ensure medicines could be given safely.
- The provider had a medicines policy in place which supported staff with their roles and responsibilities. Staff undertook medicine training and competency assessments.
- Care plans for medicines, including complex regimes contained detailed information to ensure people were well supported. This information was reviewed regularly or when needs changed. Medicines given as and when required had clear protocols and staff could describe how they managed these medicines.
- Stock checks were accurate, and audits were in place with actions documented should compliance not meet the audit standard.
- Medicine policies embedded best practice initiatives such as STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both

Preventing and controlling infection

- The provider took infection control and prevention very seriously. The management team ensured staff used PPE effectively and safely. People were supported to follow good hygiene practices. There was an up to date, comprehensive infection prevention and control policy in place which staff proactively followed.

Is the service effective?

Our findings

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

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

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

- People had achieved exceptional outcomes to meet their health needs. For example, Staff worked with a GP and hospital to arrange a joined-up approach so one person could receive two different interventions under one sedation. This resulted in the early detection and treatment of a serious illness.
- Staff worked very closely with a range of health professionals to ensure people's good health and wellbeing is maintained. They were exceptional in sourcing appropriate healthcare support for individual people. For example, they recently sourced a specialist learning disability Macmillan nurse.
- Staff had expert knowledge of supporting people's emotional and physical wellbeing. One staff member said, "People's health and wellbeing is monitored daily and any changes to presentation or behaviours such as reduced appetite or increased anxieties would be investigated."

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

- Manager's and staff were highly skilled and knowledgeable in assessing people's needs and wishes. Assessments were extremely person centred focusing on the needs of each person to assist the service with ensuring they were able to meet these needs. Detailed pre-admission assessments were completed to identify the specific care and support the person required.
- Staff worked closely with other professionals when assessing people's needs and choices. One professional told us, "Orbis Support have a great reputation for being extremely person-centred. I have seen some fabulous examples where the staff team have been flexible and creative in order to maximise a person's individual wishes/interests as well as promoting their independence even when the person has a recent history of rather challenging behaviours/presentation."
- The service had successfully supported several people to move from long term hospital placements to live in the community. Health professionals spoke of the exceptional skill and management of these transitions by staff. Comments included, "In my experience Orbis spend a great deal of time getting to know the person prior to commencing their individual care package. This includes working with professionals to understand the person's history, diagnosis, treatment plan etc, but also observing the person being supported in the inpatient environment (for example) before then gradually taking over the persons care and support before transition into community and finally discharge. It is always very intensive leading up to discharge which serves as an excellent model of transfer of care and support by Orbis staff" and "Orbis have recently supported a very complex individual out of hospital who was suffering unnecessarily in hospital. They are now living their best life and engaging in activities that no-one in the inpatient service thought were possible."

Staff support: induction, training, skills and experience

- The provider had an internal training team which supported them to provide an exceptional level of training which was bespoke to each person's needs. Some staff were trained to provide training to other staff on the 'Prevention Management of Violence and Aggression' (PMVA). This meant the provider did not need to source the external provision of this training and the training could be provided more effectively in-house.
- The provider was innovative in their delivery of training. One staff member told us, "I took part in a year-long course/mentorship to become an Autism Champion. I now co-present 'Autism from the inside out' training with an autistic co-presenter. This training is a game changer as learners hear from an autistic person what it's like to live with autism."
- Since the last inspection staff were in the process of completing their positive behaviour support (PBS) training. The internal team were able to deliver this best practice training as needed. Alongside this and other in-house training, the provider had brought in expert trainers to support other areas of learning required. For example, all managers had received Mental Health First Aid training to help identify any concerns around mental health.
- Staff were extremely positive about training and felt it supported them with providing the individual care and support people required. One staff member told us "I have recently started a level 5 apprenticeship in care management, which will take 18 months to complete. Part of my role is to plan training into future rotas for myself and my staff team. We have a manager training week each year, with training such as resilience and performance management."
- From 1 July 2022, all health and social care providers registered with CQC must ensure their staff receive training in learning disability and autism, including how to interact properly with people with a learning disability and autistic people. The provider had implemented 'The Oliver McGowan Mandatory Training on Learning Disability and Autism' which is the government's preferred and recommended training for health and social care staff to undertake.
- Systems were in place to support individual staff's training needs. Reasonable adjustments were made and support in place for any staff who required this to access training. This included the use of interpreters where required.
- One person with complex needs had consented to being supported by staff to produce a video of their own experiences of receiving care. They had wanted to do this so that it could be used as part of staff's training to understand people's experience of what it was like to receive care.

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

- People's nutritional and hydration needs were understood and exceptionally well met. Specific/special diet information was documented in care plans and risk assessments. One staff member said, "We have all protocols regarding food and fluids intake printed off in their care plans and medication files so that no errors can occur. If changes are made the relevant information will be printed off and put into files from the relevant health professionals."
- Staff supported people to be involved in planning and preparing meals in their preferred way. People were supported to visit supermarkets to buy their own groceries. One health professional said, "A young woman now living in her own bungalow with Orbis staff, goes out to shop for ingredients and is engaging in 'cooking' or 'baking', she loves it."
- Where people were assessed as requiring a modified or specialist diet, such as pureed food this was clearly documented in their care plans. People could have a snack or drink when they wished. Staff supported people to understand about healthy eating choices.
- Where people had specific conditions, staff had researched how best they could support the person to manage their diet and reduce the risk of distressed behaviours occurring.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had an excellent understanding of their responsibilities around the MCA and the need for best interest decisions to be made for people who lacked the mental capacity to make these decisions for themselves. Staff gave an example where they had transitioned one person from a long stay hospital placement. After a settling in period staff recognised this person's ability to make decisions and that some of the care first identified was unnecessarily restrictive. This person's capacity to consent was being reassessed with many of the initial restrictions in place, removed.
- People's care and support was being provided in line with the MCA. Where applicable, DoLS applications were in place supported by best interest decisions. People's relatives and advocates acted on their behalf where they were unable to make informed decisions. One relative told us, "When we do have a problem, they listen. There is no risk and I am included in care planning and other communication."
- Staff were extremely proactive with ensuring they supported people in the least restrictive way. For example, one person who had regular physical interventions in relation to their behaviours and care, now had no interventions due to the incredibly trusting, respectful, and positive relationship which had developed between them and their staff team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity, and independence

- Staff spoke passionately and showed genuine concern and compassion regarding wanting to support people to live their best lives. One staff member said, "Everything is driven by his needs. We are a totally bespoke service, set up and run to support one person. He spent most of his life in institutional settings which were the wrong environment for him. He is thriving in his new environment. The staff team think very highly of him."
- The service was extremely proactive at reviewing care and support to promote people's independence. Where people had significant staffing support in place these were constantly under review to identify where possible these could be reduced. For example, one person had 3:1 support in their home but required 4:1 support when going out. This meant outings always had to be planned in advance taking away the flexibility for the person to be able to go out when they wanted. This had been assessed with staff feeling confident that a fourth member of staff was not required, and they were going to trial going out with just three of them. This had been assessed and planned with the person.
- The service supported people to access qualifications which supported them to be more independent with their lives. One person had completed a qualification in independence which staff said had improved their confidence and self-esteem.
- Staff were exceptionally respectful in promoting people's privacy, dignity and independence. People were very much at the centre of their care and support. Technology had been installed in one person's home to enable them to be able to spend time alone safely. Staff were able to ensure the person was safe whilst respecting their need for privacy.
- Staff were exceptional at anticipating people's needs and recognising potential situations that may cause distressed behaviour. During our visits we observed staff act to proactively mitigate the risk of one person becoming distressed due to our presence. Staff intervened respectfully and discreetly when they observed the person's anxiety becoming heightened. The person was supported with making choices about what they wanted to do to lower their distress/anxiety.
- Relatives spoke highly of the care and support their loved one received. Comments included, "I am over the moon that Orbis was selected as my son's care provider. My expectations are very high", "The staff treat my son with dignity and respect which has led him to an increase in his own self-respect", "I couldn't be happier, working with them is a pleasure. Staff have told me that working with [her son] has taught them so much about caring. I feel listened to" and, "Staff are very friendly, and reassuring and I am delighted with the care my daughter receives."

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

- People were supported to take control and make choices about their care and support. Positive risk-taking promoted independence and improved people's well-being. One staff member said, "If (person) wanted to go sledging, as long as a risk assessment was in place and explained to the individual the risks that could occur and how staff would keep them safe, it's their choice."
- There was a remarkable culture of person-centred care. All staff spoke about the importance of putting the person at the centre of everything they do. Observations of people's support evidenced that staff treated people with the utmost dignity and respect. People were all asked before any care was provided. Staff included people in everything that was going on and encouraged choice consistently.
- People were actively involved in their care and support. There were advocates available to support people where required. During our visits we observed people planning their meals or choosing which activity they wanted to do. One person said they wanted to go to the winter wonderland which staff supported them to do.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were extraordinarily creative in ensuring people received exceptional care to manage their health. Adjustments were made to support people to be able to access appropriate healthcare. For one person the requested the community nurse contact the hospital to ask if adjustments could be made for their hospital admission. This meant people's preferences for how they wished to access hospital appointments was respected and supported.
- People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexuality. One relative told us, that due to how confident they were in the excellent care their loved one received, they were now able access opportunities they had not previously been able to due to worrying about leaving their relative.
- The provider and registered manager were proactive in taking positive steps to enable open communication with staff and people taking account of their protected characteristics. Management gave examples of where they had ensured there was a positive culture regarding staff's protected characteristics. Adjustments were made where required. For example, where needed interpreters were present during training to support staff to be able to access these sessions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a truly personalised service. Care plans contained extensive person-centred information about people's care needs, preferences, wants and wishes. Staff had excellent knowledge and understanding of people's care and support needs and how best to support them. In discussion with staff, they were able to explain the purpose of the care and support they provided. One staff member told us, "We are trying to support [person] to gain strategies/coping mechanisms for when the unexpected happens as that is life. As a team we work to support [person] to experience new opportunities even if it may initially cause distressed behaviours. We encourage positive risk taking so that he doesn't miss out on trying new things. If, however, it didn't work out then the activity would not continue."
- Care and support plans were regularly reviewed and changed as people's needs changed. Where one person had recently been discharged from hospital their care plan at times, had been updated daily to reflect their changing needs as they recovered. Discharge plans had been put in place to support them to return home and these were also adapted several times before they came home to ensure the appropriate equipment and care was in place on their return.
- Health and social care professionals spoke very highly about how people's needs were met. One professional told us, "Orbis staff advocate very well on behalf of their service users and will work to ensure their voice is front and centre to everything they do with and for the individual. I have been party to multi-disciplinary team meetings where Orbis have respectfully but clearly challenged professionals involved in the person's care and offered alternative solutions. Service Users report directing their own care and review meetings and writing their own support plans."
- The provider had implemented a new electronic care plan system. The registered manager explained, "This is a new system which has been implemented since the last inspection. It is a live system which means managers can see if care tasks are delayed or haven't been completed immediately and this can be actioned, meaning the person's care is never missed." Emails were sent directly to managers for action if necessary.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported in a consistently outstanding way to be able to express their views and choices using their preferred manner of communication. One staff told us, "One lady has full capacity regarding any decisions made about her care. She likes to be involved and for us to ask her questions as well as her family." Another person supported who was deaf had asked for non-signers to use their picture exchange communication system (PECS) more often to communicate effectively with them.
- People had individualised communication plans which detailed effective and preferred methods of communication. Information was available in accessible formats which included photographs, pictures and sign language. Easy read documents were available for those people who could not read written words. Staff used a variety of skills to communicate with people to enable them to be involved in making decisions about their care. Where required, staff had undertaken training in British Sign Language (BSL) and were competent in communicating with people. This also supported them to communicate with staff who were also deaf. Where people were deaf, deaf staff had been recruited to support them.
- All staff had received appropriate training to enable them to effectively communicate the people they supported. This included BSL, Makaton signing, PECS and the use of social stories. Social stories were used to support people to understand what is happening and how they may feel. They can include pictures and words to describe the event, such as preparing for a hospital visit.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which were of genuine meaning to them. For example, one person chose her daily activities which included, shopping, theatre, and cinema trips, attending church and going for a coffee. Sometimes they liked to just stay at home. If a person chose an activity which went on late, then staffing would be organised around this so they could stay till the end. Two people who shared a home, lived separate lives as they both had separate interests. Staff said they occasionally chose to do something together.
- People were supported by staff to experience new opportunities and develop their skills. One relative told us, "Staff recognise when his mood dips and support him to access the activities he enjoys such as, basketball, rugby, deaf café, theatre, cinema and shopping. One staff member told us "Staff team worked with [person] to choose his activities. Recognising people's needs change is important. What they liked/disliked last month/year may be different. What they might have liked doing before they may not like doing now. Opportunities should always be reoffered."
- People were supported to maintain relationships which were important to them and to also have the opportunity to establish new relationships. One staff member explained that one-person preferred visits to his home to be short as they were only able to interact for a short period. As this had been identified, staff arranged visits to support this and maintain important contact with the person's family.
- The registered manager told us about an instance where, after bad experiences, one person and their family was supported by staff to fly abroad and spend quality time together. Staff said the person and their family had an amazing time and spent time together stress free and enjoying what matters most as a family.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints very seriously. These were investigated to ensure lessons were learned. The provider had a clear policy which detailed how complaints would be managed.
- People and their relatives were encouraged to raise any issues. Information was available in accessible formats to empower people to raise their concerns. Staff also met regularly with people and their representatives to ensure they were happy with the quality of care. One relative told us, "I feel confident that any concerns would be dealt with promptly and appropriately."
- We received numerous compliments from health and social care professionals regarding the outstanding service Orbis Support Offices provided. Comments included, "I have been impressed with the senior team

and the team leaders, who manage the individual care packages, employed by them. [Registered manager] in her role as registered manager and operations manager, in my opinion, is one of the most open, honest and hardworking senior managers I work with in the independent sector. I think her leadership, values and ethics are evident amongst the workforce too. She has high expectations of her staff teams and will have no hesitation in dealing with conflict."

End of life care and support

- The service was not providing any end-of-life care at the time of inspection. If required plans were in place to provide person centred end of life care to people and their loved ones.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The senior managers continued to be extremely passionate about the service they provided. Staff were highly valued by the provider and registered manager. Staff were extremely complimentary about the support they received from the provider and managers. One staff member staff told us how the provider and registered manager had gone above and beyond to support them with their personal issues which in turn ensured they were able to continue working.
- The culture of the service was exceptionally person centred with people receiving person centred care that was truly about and for them. As a result, people received care that was individualised and specific to their needs, achieving positive outcomes and achievements. Some of these outcomes and achievements had never been experienced by the person before. This included people being able to attend social events, activities of interest and holidays.
- External professionals were highly complementary in their praise of the service and how it met the needs of the people they supported. The organisation was proactive in working closely with other professionals to ensure a joined-up approach to supporting the person appropriately. One professional told us, "I actually gave them verbal feedback last week about how impressed I was with the support they have given my client." Another health professional said, "Orbis support a number of individuals who are regarded as some of the most complex and challenging people to be discharged from long-term hospital care. I have been consistently impressed by their approach to Multi-Disciplinary Team working, and their readiness to advocate on behalf of the individuals they support."
- The provider and registered manager continued to strive for excellence in all areas of the service. To support this, they engaged in local forums with other organisations to improve the care and support of the people using their service. This included the attendance of local partnership groups to share examples of best practice to support their learning and development alongside supporting other organisations to learn from them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager encouraged a culture that valued improvement, learning and reflection of their practices and systems. They were extremely receptive to new ideas and challenges from people, relatives and staff.
- Robust and effective governance systems were in place within the service to monitor the quality and identify and drive improvement. Regular audits were completed which included a comprehensive monthly

manager's checklist to monitor the care and support provided in each service. Any shortfalls identified were managed swiftly and action plans drawn up to ensure improvements were actioned. Since our last inspection the provider had recruited another member of staff to support with audits and the compliance of these.

- The organisation worked in an open and transparent manner to promote a positive and inclusive culture across the whole staff team. Service managers and senior management met regularly to review the quality and progress in each service. Staff said there was an ethos of providing the highest standard of care to people and one of continuous learning and improvement. One staff member told us, "During my induction the [provider] attended the first day of training to talk about how Orbis started and their ethos. The managers are true to their word. They are genuinely person centred and unique and their ethos is not lip service. They practice what they preach, and this comes from the top down, we have good leaders."
- The provider invested in the service to ensure the provision of the highest quality care and support and retention of staff. Staff had recently received two cost of living bonuses alongside a pay increase. The provider pay staff their sleep-in allowance when they are on holiday, so they don't lose any money whilst on leave. Counselling sessions had been provided for staff who had experienced periods of difficulty.
- All regulatory requirements were met.

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

- People, relatives, external professionals and staff were invited to provide feedback about the service and share ideas or raise concerns. Accessible information ensured people were encouraged and empowered to be able to share their views and ideas. Forms had been created to support people to be able to provide feedback in their preferred manner.
- The provider had involved people's families in the planning and review of their loved one's care. They recognised the importance of involving families and working closely with them. Relatives had been actively involved in people's care planning and day to day living arrangements. Staff communicated daily with relatives through the provider's electronic system, as well as by phone and video calls.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been incidents which required the registered manager to act on their duty of candour, fulfilling their legal responsibilities.