Orbis Support Limited

# Orbis Support Offices

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 5 and 7 April 2017 and was announced. This was the first inspection of the service since it was registered in February 2016.

Orbis Support Offices provides personal care and support to people with learning disabilities, who live in their own homes, either alone or with family, or in shared houses with support. At the time of our inspection, the service was providing personal care to two people and another two people's care services were due to start in the near future.

The service had a registered manager in post. 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.

We found the service had taken steps when providing care to protect people from avoidable harm and safeguard them from abuse. Risks to personal safety were carefully assessed and managed to ensure people received safe care and support.

New staff were checked and vetted before they started working with people and sufficient staff were employed. Each person had a dedicated staff team that enabled them to be provided with reliable and consistent support. Staff were appropriately trained and supervised in their roles, equipping them to meet people's needs effectively.

Suitable arrangements had been made for the safe handling of medicines. Where applicable, people were supported to receive health care services and advice about care and treatment from health professionals was acted on. Assistance was given, when required, with meeting dietary needs and supporting people with eating and drinking.

The implications of mental capacity law in upholding people's rights to make decisions were understood. People and their families directed and agreed the way their care was provided, including contributing to care planning and choosing their own support staff.

People's care was planned and delivered using a person-centred approach. Care plans were tailored to the individual's needs and preferences, including a focus on leisure time and accessing the community. There were good communication systems and no complaints had been made about the service.

The management and staff had formed caring and supportive relationships with people and their families. Staff treated people as individuals with diverse needs and respected their privacy and dignity. People were given support that empowered them to make choices in their daily lives.

The provider and registered manager were skilled, experienced and provided robust leadership for the staff. They promoted an open culture and worked inclusively with people, their families and the staff in seeking their views which influenced the service. Standards were actively monitored and further developments were planned to continue to improve the quality of the service that people received.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Systems were in place to make sure people were safeguarded from abuse.

Care was well planned to prevent and manage risks to people's safety and welfare.

The service employed enough staff to safely meet people's needs.

Appropriate arrangements had been made for people who needed support to take their prescribed medicines.

### Is the service effective?

Good

The service was effective.

Staff were given training and support in their roles to provide the care that people required.

People's rights under the Mental Capacity Act 2005 were protected.

Staff supported people in staying healthy and, where needed, in meeting their nutritional needs.

### Is the service caring?

Good

The service was caring.

Staff were caring and had developed good relationships with people and their families.

The care provided respected people's privacy and dignity.

People and their representatives were fully involved in making choices and decisions about their care service.

### Is the service responsive?

Good

The service was responsive.

Care plans were personalised and centred on the individual's needs and well-being.

People were supported to take part in activities they enjoyed and spend time in the community.

People and their families were informed about how to complain if they were ever unhappy with the service.

## Is the service well-led?

Good

The service was well-led.

The service had clear objectives and was well-managed.

The management and staffing structures ensured there was efficient delivery of the service and good governance.

The quality and safety of the service was routinely monitored to check that standards were maintained and improved.

# Orbis Support Offices

**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 was 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.

The inspection was announced and took place on 5 and 7 April 2017. We gave short notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by an adult social care inspector. We contacted relatives following our visit to the office.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted commissioners of the service and received no response.

A range of different methods were used to gather information during the inspection. We received completed feedback questionnaires from two relatives, four staff and a community professional. Due to people's limited communication, we telephoned three relatives to obtain their views about their family member's experiences. This included two relatives who had been involved with the service for a number of months and wished to speak to us about the planning of their family member's services. During our visit we met with the provider, the registered manager, a service leader and the administrator, reviewed two people's care records, staff training and recruitment details and reviewed other records related to the management of the service.

Good

# Is the service safe?

## Our findings

The relatives, staff and community professional who completed our questionnaires all felt that the service kept people safe from harm and abuse. This was confirmed by the relatives we talked with who described their family members as being safe and comfortable with the staff who supported them.

The service provided people and their families with easy read safeguarding guides produced by local authorities. This ensured they had information about their rights to be protected from abuse and how to raise any concerns they might have.

Staff had received training in safeguarding and whistle-blowing (exposing poor practice) and had access to the related policies and procedures through the company's database. The management and staff demonstrated a good understanding of the vulnerabilities of the people they supported. They were aware of their responsibilities and knew how to report any allegations of abuse to the relevant authorities. There had been no safeguarding concerns about the service to date.

The service's ethos included the principle of always being transparent and a 'duty of candour' policy had been developed. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The registered manager explained how they had implemented the duty in practice when a person they had supported was identified as being at risk of harm. They had worked very closely with the person's family and commissioners and been open about their obligation to report any safeguarding issues.

Staff were instructed about professional boundaries and worked to a clear process when handling money on people's behalf. Purchases made by staff were accounted for in the person's financial record, along with corresponding receipts. Service leaders regularly checked the records and the management conducted audits to assure people their money was being handled safely.

All necessary pre-employment checks were carried out when new staff were recruited. Each person had their own team of support staff with a service leader for continuity. The registered manager said staff worked flexibly and bank staff were employed to cover absence. Rosters were planned in advance, taking account of the times in the day when support was offered and the ratio of staff needed to support people in their homes and in the community. The management operated an on-call system outside of office hours that enabled staff to get advice and support at any time.

The risks involved in providing people's care had been assessed and thorough measures were in place as guidance for staff. Where applicable, assessments were obtained from health care professionals for risks such as those associated with moving and handling and difficulties in swallowing food. Extensive behavioural risk management plans addressed the support people required when their actions potentially posed risks to themselves and others.

Staff carried out various checks to make sure safe systems of work were followed and that people's home

environments were secure and free from hazards. There had been no reported accidents or incidents involving people using the service or staff. The provider had a business continuity plan for dealing with emergencies, including in the event of the service needing to be managed remotely.

Suitable arrangements had been made for supporting people in taking their prescribed medicines. Whilst medicines were not currently administered by staff, this was required for the people whose care service was starting in the near future. Staff were trained in the safe handling of medicines including, where necessary, medicines which were not taken orally. It was planned that each staff member's competency would be assessed every six months and regular audits carried out to ensure people's medicines were managed safely.

Good

# Is the service effective?

## Our findings

Relatives and a community professional told us they felt the staff were competent to provide the care and support that people required and that they would recommend the service to others. One relative said, "I find the managers at Orbis to be totally committed to providing the highest standard of care." Another relative told us the support given had, "re-awakened and stimulated" their family member when they had previously been "withdrawn and unable to be reached."

New staff had been provided with induction training that was aligned to the Care Certificate, a standardised approach to training for new staff working in health and social care. Each staff member also received a structured induction that was specific to the person they would be supporting. This enabled them to shadow other staff and become familiar with care plans and the person's routines. Staff told us they had completed an induction that had fully prepared them for their roles.

All staff were given a welcome pack which informed them about the background to the company, the provider's model and principles of care, and access to policies, procedures and training. An overview of training was kept that showed the staff team had undertaken courses in safe working practices, such as moving and handling, health and safety, first aid and infection control. Other topics of training included equality and diversity, mental capacity legislation, food hygiene and nutrition. Opportunities to study for health and social care qualifications were also offered.

We were shown individual supervision was provided on a three monthly basis to support staff in their personal development. The registered manager and provider told us they planned to devolve some supervisory responsibilities to senior staff in the near future. Moving forward, they were revising the process to incorporate observations of staff performance, assessing competency and introducing supervisions themed to different areas of care practice. 'Job chat' forms had been introduced to capture the registered manager's individual and small group discussions with staff. Annual appraisals were also being scheduled for those staff who had been in post since the service was established a year ago.

Staff confirmed they received training which enabled them to meet people's needs and had regular supervision which enhanced their skills and learning. One staff member told us, "You couldn't ask for better support."

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.

Staff were trained in the MCA to ensure they understood the implications for their practice and upholding people's rights. The provider's ethos was to provide bespoke services where people and their families directed how they wanted their care and support to be given. Relatives confirmed this, telling us about being

involved in care planning and other aspects of the service, including selecting staff.

People's abilities to make decisions and give consent to their support were documented in their care records. The registered manager clarified that people's care services had been deemed as not depriving them of their liberty. Where people were assessed as lacking mental capacity, decisions had been made in their best interests in conjunction with families and care managers, and one person had recently been assigned an Independent Mental Capacity Advocate.

Staff were instructed to always gain permission before providing support and people's rights to refuse intervention were well understood. The service did not advocate or use excessive control or restraint. Where needed, there were comprehensive strategies which guided staff on the best ways of supporting people with challenging or distressed behaviours.

The staff supported people in meeting their nutritional needs, including preparing meals, snacks and drinks where this was required. Appropriate care plans were in place which informed staff about the individual's dietary requirements and the extent of assistance they needed with eating and drinking. For instance, one person's plan included the use of aids and informed staff they needed to be vigilant during meals and make sure food was cut up into manageable pieces. Advice from relevant health care professionals had been sought in relation to reducing risk of choking and specialist feeding techniques.

The service ensured information about people's medical history, current health needs and details of other professionals involved in their care was gathered. This was used in care plans addressing particular medical conditions and the impact on the person's physical and mental well-being. Where required, staff supported people to access health care services and attend appointments. Hospital and communication 'passports' had been devised for the people they supported to attend appointments. This made sure essential information could be relayed during a hospital admission, to help co-ordinate the person's care and treatment.

Good

# Is the service caring?

## Our findings

Relatives told us the service placed an emphasis on providing support staff who formed good relationships with their family members. This had included employing staff who had previously worked with people, as a means of ensuring they had consistency of care. Relatives said they appreciated this approach and their involvement in choosing new staff of the right calibre and qualities. Their comments included, "We've had a full say and [family member] was involved in the interviews" and "They've made sure our preferences are met." Another relative told us the service was working towards their family member having an all male support team and that a request to change staff had been willingly accommodated.

Some relatives described how they had been dissatisfied with, or let down by previous care providers and that Orbis Support Offices had changed their opinions of care services. They told us, "They have tried to get to know my [family member] and build a relationship with them. I feel more confident about the future and I'm happy with the service being provided by both the staff team and the management" and "Our involvement with this company has been such a contrast, such a positive experience."

The provider told us all staff were expected to adhere to the 'Orbis Promise', the principles which underpinned the service's model of care. These included always being person-centred in their approach, respecting and valuing each person, and establishing positive relationships. Staff were also trained in equality and diversity, helping them recognise the importance of treating people as individuals and without discrimination. The registered manager had ongoing contact with people and their relatives and routinely checked with them that staff embedded these standards.

Relatives and a community professional told us they felt the staff were kind, caring and treated people with respect. The professional said, "I have always found the service provider to be person-centred and sensitive to the individual's needs and requirements." We saw this was reflected in personalised care plans which included directions for staff about the ways they must preserve privacy and dignity, especially during support with personal care. The registered manager told us that to promote dignity, staff did not wear uniforms or badges so they were not readily identified as being paid workers when supporting people.

Staff confirmed they were informed about people's needs, choices and preferences and were given enough time to provide the care required. We found that staff took a pride in their work and had caring attitudes. For instance, a staff member told us about leading a service that had been arranged for two young people in their transition from children's to adult care services. They had changed their employer to continue to work with the people and were currently supporting them in their move to new accommodation. The staff member said they were excited to be involved with the people and their parents at this important time in their lives.

The service aimed to give people information in a way they could understand and support them in expressing their views. A relative told us, "The staff have learned how best to communicate (using signs and symbols)." A staff member had introduced new symbols to help support another person, helping them to make a greater range of choices. Additional methods of enabling people to give their feedback about the

service, using assistive technology, were in the process of being created.

Relatives confirmed they were consulted about the care and support their family members received and, where necessary, represented their views. The registered manager had good links with, and could signpost people to, independent advocacy services, if needed.

Good

# Is the service responsive?

## Our findings

Relatives felt the service was responsive and they had good communication with the management. The parents of two people whose care services were starting in the near future told us, "They have been fabulous and we're fully involved in the preparation" and "They've been reactive, understanding and are really person-centred." A relative whose family member had used the service for a few months commented, "It's working well and the manager is always checking that everything's alright."

The provider told us they followed a staged pathway when referrals were made, ensuring there was effective communication with stakeholders and thorough planning of people's care services. This included completing a full assessment of needs and risks, appointing and training the person's staff team and, where required, support in securing appropriate accommodation.

People's care records showed their needs and abilities had been assessed. Information was also sought from professionals involved with the person, such as community learning disability team. From this information detailed care plans had been developed which were tailored to the individual, specifying their routines and how they preferred to be supported. The plans addressed all areas of identified needs, the extent of support staff needed to provide, and the outcomes to be achieved.

We saw staff made electronic records which accounted for the support they had given and reported on the person's well-being. Within these reports, the provider was trialling a tool to build up a picture of the person's moods and the ways they expressed how they were feeling at different times of the day. They hoped this would be beneficial in analysing what might trigger or influence a person's moods and enable their care to be planned accordingly.

Each person's care planning included support with their interests, social needs and inclusion in the community. The registered manager said this was an area where staff were often creative, sourcing a broader variety of activities for people in their local and wider communities, whilst being mindful of costs. A relative we talked with confirmed this, saying, "They always try to do new things and [Name] is getting out to lots of activities." As people's services evolved, consideration was being given to supporting individuals with going on holidays and employment opportunities.

The service had a complaints procedure that was made available in different formats to suit people's communication needs. No complaints had been logged since the service was registered and relatives we talked with had no concerns. One relative told us, "I wouldn't hesitate to complain if something was wrong" and added, "They've always been willing to act on issues I've raised." One compliment had been received to date. This was in the form of a letter from the family of a person who had used the service that praised the management and staff for the care given.

Good

# Is the service well-led?

## Our findings

The service had a registered manager who understood their registration responsibilities and was supported in their role by the provider. We discussed updates that were required to the service's registration to reflect that domiciliary care, as well as supported living services, was provided and the full range of people's needs catered for. The provider assured us they would contact the Care Quality Commission (CQC) to request the relevant changes be made.

The provider is a qualified learning disability nurse and the registered manager had a management qualification and many years experience of managing and working in disability care services. The provider told us they had co-founded the company with the registered manager and they were committed to providing bespoke, quality services for people with disabilities. They felt they were achieving this by gradually designing and delivering services for a small number of people and consolidating good practice. In the first year of operating both had taken a 'hands on' approach, working with people and their families and on occasions directly providing support. They were now considering having a regional manager to further strengthen the management structure and designating more areas of responsibility to the service leaders. They had regular contact with one another and held meetings to discuss the business and management of the service.

Relatives of people using the service spoke highly of the management. Their comments included, "It's a well-managed service. They're very honest, have shared their values with us and I've got great confidence in them" and "We've had lots of involvement with the manager and provider and they're both really proactive." A community professional told us they felt the service was managed well and continuously looked to improve the quality of the care and support provided. They said, "The provider communicates effectively with other professionals involved in the care and support provision."

Staff told us the management were accessible, approachable and took their views about the service into account. They felt they were provided with good leadership and support and one staff said, "You couldn't ask for better bosses." The service's administrator confirmed the management worked inclusively and explained how they had been afforded time to meet people and their relatives. As they were office based and often the first point of contact, they were pleased this had happened as it meant everyone was able to put faces to names.

The registered manager told us they valued staff, worked on team-building and paid an enhanced rate to attract experienced workers. They said they always ensured good work was acknowledged and praised and encouraged staff suggestions for improving the service. For instance, ideas from staff had been implemented including streamlining care documentation and using a whiteboard with a person to enable them to communicate their choices around meals and activities. Staff had been given the opportunity to be involved in a staff forum, though to date none had expressed an interest. The company was signed up as a 'Mindful Employer' and the provider was looking at arranging an employee discount/benefit scheme to be available for their staff to use.

Thorough internal audits were carried out to check the quality of each person's service, which were based on the CQC fundamental standards of quality and safety. Action plans were devised from the audits for any improvements required, including the person responsible and timescales for completion. There were plans for each of the four service leaders to peer review one another services and submit their reports to the management to keep them appraised of the quality of each person's support.

Good links had been formed with other health and social care professionals, including a number of other organisations for people with disabilities which had offices in the same building as the service. The provider had recently hosted an event where an international specialist consultant in disabilities had delivered training and they had made attendance at the event available to other local care providers. This had included a full day workshop on safety, focused on preventing and reporting abuse. The provider had been interviewed by a learning disability publication about the service's tailored support, custom built IT system and another care service they had previously provided. They were also due to be interviewed on a 'web chat' with NHS England about their approach to managing risks with people with complex needs.

The management's vision for the future was to progress a number of planned developments to benefit people using the service and the staff. These included more use of assistive technology, accessible tools to obtain feedback from people, training to support community integration, and further investment in staff development.