

Orbital 4 Support Limited

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Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Orbital 4 Support Limited is a supported living service providing personal care. There were 13 people receiving support from staff at the time of our inspection.

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

People's rights were promoted by staff. The registered manager understood how to support people and to guide staff, so decisions could be taken in people's best interests, where this was appropriate.

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.

People and relatives told us staff were considerate and care was provided in a sensitive way, so people's right to dignity and privacy was met. People enjoyed telling staff about their lives, and staff were interested and attentive. Staff spoke warmly about the people they supported, and assisted people to make their own decisions about their care.

Staff had received training and developed the skills they needed to assist people. People were supported to see health professionals and to have enough to eat and drink, so they remained well.

People's care needs had been assessed, planned and regularly reviewed. Staff used their knowledge of what was important to people and tailored the support provided so people's well-being enhanced. People understood how to raise any concerns and complaints and were confident these would be listened to.

Staff had been supported to understand how to care for people at the end of their lives, so their wishes would be respected.

People told us they could rely on staff to provide the care agreed and there were enough staff to provide care at the times they wanted. People were supported by staff who understood the risks to their safety and who supported them to reduce risks, whilst promoting their choices. Staff knew how to identify concerns, such as abuse, or people becoming anxious, and understood how to protect people. The registered manager checked people received safe care.

People and relatives were positive about the way the service was managed. The registered manager sought people's views and experiences as part of their quality assurance processes. Staff were encouraged to reflect on the care provided so improvements to the service would be driven through.

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 Good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orbital 4 Support Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Orbital 4 Support Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, 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.

This service is also registered with CQC as a domiciliary care agency. Domiciliary care agencies provide personal care to people living in their own houses and flats in the community. Orbital 4 Support Limited were not supporting any people through their domiciliary care agency registration at the time of the inspection.

The service had a manager registered with the Care Quality Commission, who was also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection

This inspection was announced and took place on 25 July 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

What we did before the inspection

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used information the provider sent to us in the Provider Information return (PIR). We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service to ask about their experience of care. We spoke with three care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures, accidents and incidents, minutes of staff meetings and quality surveys, were reviewed.

After the inspection

We spoke with two relatives to ask their views on the care provided to their family members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise any safety concerns they may have.
- People benefited from receiving support from staff who understood how to recognise and report abuse should this be identified.
- Staff were confident the registered manager would take action to protect people and knew how to raise any concerns with other organisations, so people would be protected, if the need arose.

Assessing risk, safety monitoring and management

- People were involved in decisions about their safety needs assessments and how these were managed. One person told us they had discussed their safety and security relating to their own home. The person said, "There is a safety chain on the front door to keep us safe. I've also got a [personal] alarm but I've not needed to use it. Staff told me about it. They said the main thing is to keep [people] safe."
- One relative told us how their family member's safety needs were balanced well by staff, who understood their family member's right to impudence. The relative said, "They know him well and know how to keep him safe from himself when he is cooking."
- Staff had a clear understanding of the risks to people's safety and understood the support and degree of assistance each person required to maintain their safety and independence. One staff member told us, "Your duty is to [people's] safety. You need to open your eyes and solve any problems."
- The registered manager also provided care for people. The registered manager used the time they spend providing care to people to check people were safe, and staff worked in ways which promoted people's safety.

Staffing and recruitment

- People told us there were enough staff to care for them, and they were supported by a consistent staff team.
- Staff were positive about the staffing arrangements. One staff member told us, "There's enough support for [people] to do what they want and the rotas reflects this. We can book extra hours if needed, there's a flexible approach to staffing levels." Another staff member gave us an example of additional staff support arranged for a person, as their needs had changed.
- Staff were not permitted to care for people until checks had been made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- None of the people supported at the time of the inspection required staff to administer their medicines.

Where people required prompting to have the medicines they needed staff were supported to do this so people would remain safe and well.

- The registered manager was developing systems for the safe administration of medicines, in response to people's changing needs. This included additional staff training and competency checks, so the registered manager could be assured people would receive the medicines as prescribed, when people required this support.

Preventing and controlling infection

- People told us staff supported them to maintain their homes, so the risk of infections were reduced. One person told us staff were careful to ensure used dressing were safely disposed of.
- Staff gave us examples of the actions they took to reduce the likelihood of people experiencing infections. These included following good food hygiene practices.
- The registered manager undertook checks on the cleanliness of the homes people lived in and ensured food was appropriately handled, stored and disposed of.

Learning lessons when things go wrong

- Staff had opportunities at regular meetings to reflect on people's changing safety needs and to adjust the care planned and provided.
- Systems were in place to take any learning from incidents and accidents, when required.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to/deteriorated to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

We checked whether the service was working within the principles of the MCA.

- People told us staff recognised their rights and promoted these. One person told us, "We have our own front door keys and I let myself in and out. I like to go shopping with staff, but I go to drama on my own."
- Staff had received training in MCA and understood how to care for people, so their freedoms were respected. Staff gave us examples of how people were supported when they were not able to make key decisions independently.
- The registered manager understood how to support people and to guide staff, so decisions could be taken in people's best interests, where this was appropriate.

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

- People's views and their relatives suggestions were incorporated into their assessments. This helped to ensure their care would be planned in ways which reflected their needs and preferences.
- The registered manager gave us examples showing how they used people's completed assessments, so they could be assured the service would meet people's needs.

Staff support: induction, training, skills and experience

- People said staff had the skills and knowledge to care for them. Relatives were positive about the ways staff used their training when supporting their family members. One relative highlighted how well staff had supported their family member at a difficult time in their life.

- Staff told us they were encouraged to undertake training which was linked to the needs of the people they cared for. One staff member said, "We have mandatory training, and some so we can help individual [people]. It means we have up to date guidelines and ideas and broader knowledge." Another staff member told us about their induction and said, "We went through [people's] care plans and risk assessments, service planning and key documents." The staff member told us this had helped to prepare them to understand people's preferences, and to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have the food and drinks they needed to remain well. People told us they enjoyed preparing some of their own meals, snacks and drinks, either independently, or with support from staff.
- Where staff had any concerns for people's nutritional or fluid intake they supported people. This included obtaining advice from other health and social care professionals and adjusting people's care so they would be encouraged to have the right amount to eat and drink.
- People were supported to see health professionals when they wanted this. One person told us, "The podiatrist comes in on Tuesdays to cut my nails. I find this relaxing."
- Staff members gave us examples of assistance they had provided so people would be able to access health appointments with minimum anxiety and delay. This included GP and dental appointments.
- Staff followed advice provided by other health and social care professionals advice to promote people's health.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy to talk to staff and share their daily lives. One person said, "Staff are so nice."
- People were comfortable to show their affection for the staff who cared for them, through hugs on greeting staff. We also saw people had developed close relationships with staff and offered to prepare meals and drinks for them.
- Relatives told us staff were considerate and compassionate. One relative highlighted staff had been particularly kind and supported their family member to attend a church funeral of a close relative. The relative said, "[Provider's name] and other care workers helped them through the grieving process. Staff came to the funeral to check if they were ok. They managed to help [person's name] to understand, and they have progressed so much from that." This helped to ensure the person did feel isolated and promoted their well-being.
- Staff spoke warmly about the people they cared for and knew them well. Staff gave us examples of how they used this knowledge, so people would feel valued and be supported to live the lives they want, and to celebrate what was important to them. For example, by ensuring people's birthdays were marked, and by ensuring people were supported to express their faiths.

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

- People were actively involved in decisions about their care and day to day lives. This included making day to day decisions, such as what they wanted to eat, wear and how they wished to spend their time.
- Staff understood people's care preferences and what was important to them and understood these may change over time. One staff member said, "[Staff] work closely with [people] on activity planning and gaining their perception of the service. It's about what they would like."
- Staff sought people's views about the care they wanted through discussion with them, their relatives and other health and social care professionals. This was done through reviews of their care and asked for people's feedback through surveys. One person said, "I had a meeting last week with [staff member's names] so I know I can afford to go on the trips I want."

Respecting and promoting people's privacy, dignity and independence

- People's said staff treated them with respect. One person told us they felt respected because staff listened to the decisions they made.
- People were encouraged by staff to further develop their independence. One relative told us, "They are trying to get [family member's name] be more independent, and they help out with the cooking, even at Christmas."

- Staff had been given guidance on how to sensitively support people to maintain their dignity. This included in relation to people's personal care and lifestyle choices. One staff member said, "You make sure you are offering [personal] care at a time and place of their choosing. You make sure doors are closed."
- People's private information was securely stored and their right to confidentiality and privacy was respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they were involved in planning and reviewing their care, and staff followed their decisions. One person said, "I have a support plan and I discussed my care [with staff]. They do ask us what we want."
- Where people wanted support from their relatives and other health and social care professionals to decide some elements of their care, their views were acted on. One relative told us such decisions were based on a clear understanding of their family member's care preferences. The relative said, "[Family member's name] is well supported, and they understand them, and have a good understanding of their needs."
- Staff were supported to provide personalised care as there was sufficient information in people's care plans and assessments for staff to understand what was important to people.
- People's care plans were regularly reviewed and adapted as their needs and preferences changed. This was supported through established systems for staff to communicate changes in people's needs. One relative told us, "They [staff] work in a constructive, kind and careful way. [Family member's name] makes their own decisions but staff will also point out if their decisions may be unwise and make suggestions to help them." This ensured people had the care they wanted and were informed how their choices may affect them.
- People told us they were supported to do a range of things they enjoyed, either independently or with support from staff. This included volunteering and supporting local charities, going on holidays of their choice. One relative said, "[Family member's name] does training, gardening, woodwork, kick boxing, all sorts of things, and they really enjoy this."
- Staff gave us examples of activities which had been planned and were tailored to people's specific interests. One staff member told us, "[Person's name] is mad on the Ghurkhas. We have made links with the Ghurkhas in Rugby, and they have invited him and any others who want to go to see their next parade."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their relatives were positive about the way communication needs were supported. One person showed us the "Easy Read" fire evacuation procedure which they had developed with staff. The person proudly showed us how this had been tailored to meet their communication needs. The person's relative told us how much their family member had enjoyed developing this with staff.

- Staff identified people's information and communication needs by assessing them. People's communication needs were supported. For example, staff used Makaton where this was people's preference.

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 spend time keeping in touch with friends and family who were important to them. One person said, "I've made friends from other services. It's important my family and friends can visit, and they do." One staff member gave us an example of the support one person received to keep in touch with their faith group and see their relatives.
- Relatives were complimentary about the way their family members were encouraged by staff to maintain links with the community, including through the provision of faith groups.

Improving care quality in response to complaints or concerns

- People had been provided with information on how to raise any concerns or complaints they may have.
- Systems were in place to manage and respond to complaints, when needed. Where any complaints or concerns had been raised these were promptly addressed, and learning take from them.

End of life care and support

- The registered manager told us the needs of each person at the end of their lives were individually considered, when their needs were assessed. The registered manager gave us examples of care provided and joint work with a local hospice, which had enabled people to continue to live in their own homes, with their end of life wishes fulfilled.
- The registered manager planned to further develop people's care plans, so their end of life wishes would be known, in the event of people's sudden death.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the service was managed well. People said because of the way the service was managed they were supported to love their lives.
- One relative highlighted how well staff were guided to provide good care. The relative said because of this, "I cannot see [family member's name] being in a better place or with nicer staff. They are well understood, and we appreciate what the staff do for them. They do such a wonderful job. Their work is appreciated, and I want everyone to know this."
- Staff felt supported to provide good care, which focused on improving people's life experiences and independence. Staff told us because of the culture at the service, they found Orbital 4 Support Limited to be a good place to work. One staff member said, "[Registered manager's name] is an excellent manager. They have made some positive changes since they have been in post. They want [people] to live as independent and fulfilled lives as we can possibly support."
- The registered manager understood their responsibilities to be open in the event of anything going wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported to provide good care, which focused on improving people's life experiences and independence.
- The registered manager undertook checks on the quality of care provided and also provided care to people and worked alongside staff. This gave them a detailed insight into the needs of people and how to develop the service further.
- Staff told us they were able to obtain advice promptly. One staff member said, "If there is an issue you talk to [Registered manager's name]. You ring any time, and they give you good advice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives told us they felt communication across teams was good. One person told us how much they valued knowing in advance which staff were due to support them. One relative highlighted how good communication was from the staff. The relative said, "They go above and beyond to keep us in the loop."
- People's views on the quality of the care provided were incorporated into quality assurance and

monitoring arrangements. For example, people completed surveys to let staff know what they thought about the service. We saw people had been positive about the support provided.

- People told us about some of the changes which had already been introduced. One person explained they now felt more secure, as new information technology was being used to promote their and other people's safety.
- Staff had opportunities to reflect on their practice and to drive through improvements in the support provided. Staff gave us examples of how this reflection led to improvements in the range of support and activities for people to benefit from.

Working in partnership with others

- People benefited from receiving a service where effective links had been developed with the local community and other health and social care professionals and providers. The relationships built with other organisations helped to ensure people would continue to enjoy a good quality of life, with their spiritual needs met and risk of isolation reduced.