

# Linton Support Ltd

# Orion House

## Inspection report

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Date of inspection visit:  
12 January 2019

Date of publication:  
04 February 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was Orion House first inspection since registering with the Care Quality Commission. We carried out an unannounced comprehensive inspection on 12 January 2019.

Orion House provides care for people with a learning disability and associated conditions such as autism. On the day of our inspection there were 5 people living at the service.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post who was also a joint owner. 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 checked the service was working in line with 'Registering the Right Support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, building the right support - and best practice. For example, how the service ensured care was personalised, how people's discharge if needed, was managed and people's independence and links with their community.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We met and spoke to four people during our visit, one person was away for the weekend. However, people who lived at Orion House had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were not able to tell us verbally about all their experience of living there. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. One relative who provided feedback said; "He has always been very happy and they have encouraged him to grow and develop."

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines.

People who required it had two to one or one to one staffing at certain times. Staff confirmed there were sufficient numbers of staff to meet people's needs and to help keep them safe. Staff were recruited safely

and checks carried out with the Disclosure and Barring Service (DBS) ensured they were suitable to work with vulnerable adults.

Staff had completed safeguarding training and further updates were arranged. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. Staff confirmed they'd have no hesitation reporting any issues to the registered manager.

All significant events and incidences were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff completed an Induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff meetings, one to one supervision of staff practice, and appraisals of performance were undertaken.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks.

People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy; however, there was a happy, calm and relaxed atmosphere within the service.

People were supported to maintain good health through regular access to health and social care professionals, such as epilepsy nurses. The registered manager worked with external health and social care professionals to help ensure a coordinated approach to people's care.

The service was responsive to people's individual needs and provided personalised care and support. People's communication needs were known by staff. Staff had received training in how to support people with different communication needs. The provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff adapted their communication methods dependent upon people's needs, for example using simple questions. Information for people with cognitive difficulties and information about the service was available in an easy read version for those people who needed it.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People's care and support was based on legislation and best practice guidelines; helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought as much as possible. Care records were person centred and held full details on how people liked their needs to be met;

considering people's preferences and wishes. Overall, people's individual equality and diversity preferences were known and respected. Information recorded included people's previous medical and social history, and people's cultural, religious and spiritual needs. People were treated with kindness and compassion by the staff who valued them. Staff had built strong relationships with people who lived there. Staff respected people's privacy. People, or their representatives, were involved in decisions about the care and support people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People could make choices about their day to day lives. The provider had a complaints policy in place and it was available in an easy read version. Staff knew people well and used this to gauge how people were feeling.

The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was approachable and made themselves available. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People lived in an environment that was clean and hygienic. The environment had been refurbished to a satisfactory standard taking into account people's needs.

## 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 

This service was safe.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice. Medicines administered were recorded.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

People were protected by staff who were able to recognise and had good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People lived in a clean and hygienic environment that had been refurbished to a good standard.

### Is the service effective?

Good 

The service was effective.

People received individual one to one support when required from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act.

People could access health, social and medical support as needed.

People were supported with their nutrition, and had care plans in place to help guide staff to deliver the correct support. People were supported to maintain a healthy and balanced diet.

People used a range of communication methods.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

A positive caring relationship had been formed between people and the staff team.

Staff ensured people's equality and diversity was respected and used the accessible information standard to ensure effective communication and choice.

People were actively involved whenever possible in making decisions about their own care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care. People's individual communication needs were known by staff.

People's care plans continued to be developed to ensure they were an accurate reflection of how their care needs should be met.

People were supported to participate in activities and interests they enjoyed with the focus on quality of life for each individual. People made choices about their day to day lives.

The service had a formal complaints procedure which was available in an easy read version.

Staff responded quickly and appropriately to people's individual needs.

### Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager and there was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service. The quality assurance system operated to help develop and drive improvement.

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# Orion House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector on the 12 January 2019. We gave the service 24 hours' notice of the inspection visit because it is small and people often go out during the day and we needed to be sure the registered manager would be available.

Prior to the inspection we looked at other information we held about the service such as notifications. A notification is information about specific events, which the service is required to send us by law.

People who lived at Orion House had some communication difficulties due to their learning disability and associated conditions, such as autism. People were not able to tell us verbally about all their experience of living at the service. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. These observations helped us understand if people were happy with the care being provided.

During our inspection we met four people who used the service. We spoke with three staff members and the registered manager. After the inspection we received feedback from one professional involved with people at the service and one relative.

We also looked around the premises. We looked at records relating to individual's care and the running of the home. These included three care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.



# Is the service safe?

## Our findings

People who lived at Orion House were not all able to fully verbalise their views and staff used other methods of communication, for example easy read and sign language. Some people had complex individual needs. We were, however, able to observe people interacting with staff and the registered manager. A relative said; "All in all we could not wish for a better home for him to be living in." A professional told us how the staff at Orion House know the people living their well and this helps to keep them safe.

People appeared to be happy, relaxed and comfortable with the staff that were supporting them. Staff all agreed that people were safe. People's body language and interactions showed they felt safe and comfortable with the staff supporting them.

A staff member commented; "People are definitely safe here. We work together to all make sure they are."

People were safe because the registered manager had arrangements in place to help make sure people were protected from abuse and avoidable harm. Staff agreed that people were safe in the service. The registered manager had safeguarding policies and procedures which staff were aware of. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were also able to describe the different types of abuse that can exist. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff had completed training in equality and diversity and human rights. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People's finances were kept safe. People had appointees to manage their money where needed, including the Court of Protection. Money was kept secure, with staff signing money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited at the end of each shift to ensure it balanced.

People who had been identified as being at risk had clear risk assessments in place. Risks had been assessed and steps taken to mitigate their impact on people. Care plans detailed the staffing levels required for each person to help keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure people who needed it had two to one staffing when accessing the community. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager covered any staff absences to ensure there was enough staff on duty. This they felt helped to keep people safe. Staff said; "Definitely enough staff around to take people out safely- always."

People were protected by safe recruitment procedures by the selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, Disclosure and Barring Service checks (DBS) had been made to help ensure staff were suitable to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

People's medicines were managed safely and secured. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures and medicine administration records (MARs) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people, but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Accidents and incidents were recorded, audited and analysed to identify what had happened, and actions the staff would take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. The registered manager confirmed the service had achieved a five-star rating for their food safety inspection issued by the environmental health agency.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal emergency evacuation plans (PEEPs) and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. One person had pictures and recorded information on evacuation procedure recorded in their own language in event of a fire. Staff checked the identity of visitors before letting them in.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

# Is the service effective?

## Our findings

People received care from staff who had the skills and experience to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people who used the service for example, through attending courses on caring for people with a learning disability or an associated condition such as autism and mental health. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs.

New staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed training in health and social care courses. The registered manager informed us staff received appropriate ongoing training, for example learning disability training. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Training was planned to support staffs continued learning and was updated regularly.

Staff received supervision of the practice, and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People lived in a home that was regularly updated and maintained. The service had a complete refurbishment before it was opened. This refurbishment had been completed to a satisfactory standard, taking into consideration the people who would live there. For example, each bedroom provided people with private bathroom facility.

People's care files held information on how each person communicated. Each documented how people could communicate and how staff could effectively support individuals. People had 'hospital passports' in place which would be taken to hospital in an emergency and provided details about people's health care needs and how people communicated. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed around the service to help ensure it was in a suitable format for everyone. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. A professional said; "All the staff members have skills in a 'total communication' approach."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions.

Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care needs. Staff waited until people had responded before supporting them, using body language, for example, by going with the staff member.

Staff said they received a handover when starting work, and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's needs as well as any important information in relation to medicines.

People had access to local healthcare services and specialists including consultant psychiatrists. Staff confirmed discussions were held regarding changes in people's health needs, as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed.

People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health and well-being records detailing their past and current health needs, as well as details of health services currently being provided. These helped ensure people did not miss appointments and recorded outcomes of regular health check-ups. They also ensured people received continuity of care and if required supported hospital staff to understand the person and meet their needs.

People's individual nutritional and hydration needs were met. Staff encouraged healthy food choice when possible. Care records recorded what food people disliked or enjoyed.

People who required it had their weight monitored when needed. People had been referred to other services, for example GP's, if there had been concerns over people's diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient nutrition and hydration.

## Is the service caring?

### Our findings

People were supported by staff who were both kind and caring and we observed staff treated people with patience, kindness and understanding. There was a happy and friendly atmosphere in the service. The interactions between people and staff were very positive. People were seen chatting with staff and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. A relative said; "The staff there are excellent at talking to us with regards to all issues and keeping us informed about every aspect of his life."

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well.

People's independence was respected. For example, staff encouraged people who were able, to participate in everyday household tasks. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed.

People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People's needs in relation to their mental health issues or learning disability were clearly understood by the staff team and met in a positive way. For example, if people required additional support staff involved them in discussions and provided reassurance to people and reduced any anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one or two to one staff support when needed to enable them to receive time to access the community. Staff knew people well and what was important to them, such as how they like to spend their days. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good.

People were not all able to fully express their views verbally. However, staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and considered when care was planned. The service held 'house meetings' involving all people within the service. Discussions at these meetings included menus and other area of interests to people. Everybody was encouraged to participate so their opinions were heard.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms.

Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The registered manager and staff said everyone would be treated as individuals, according to their needs.

People were always involved and asked if they were happy for us to visit and speak with them. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished.

Staff spoke to people respectfully and in ways they would like to be spoken to. We observed staff having fun and joking with people who all enjoyed these interactions. Staff were also courteous to people.

People's relatives and friends could visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate.

Staff showed concern for people's wellbeing. The care people received was clearly documented and detailed. People, if there was a deterioration in their health, had been referred to professionals. People identified with potential health conditions had protocols in place to assist staff in caring and meeting people's needs.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This included "Using a person-centred ethos, individuals are cared for with respect, dignity, empathy and given as much freedom as possible. Trust is an integral part of our ability to provide consistent high standards of care. Above all, we respect our clients' rights to their beliefs and views."

This was evidenced through our conversations with the staff team. People received their care from a regular staff team some who had worked at the service since opening. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

The registered manager understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with their policy on General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

The service was responsive to people's needs. People received support from a staff team who responded and understood their individual needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager confirmed this helped to enable them to determine if they could meet and respond to people's individual needs. A relative said; "They are on the ball at spotting when he is having difficulties and ensure that he gets the right help and support as quickly as possible." A professional commented that staff at Orion House; "Engage well with professionals in a timely manner and are highly responsive to a person's needs and wellbeing."

People were involved as much as they could with the planning and reviewing of their own care needs as well as making decisions about how they liked their needs met. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example, they encouraged people to help with household chores.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. The registered manager assured us their own policies reflected this to ensure people were treated equally and fairly.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received the support they required and in a format, they understood. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people can access and understand information they are given. Information was provided to people in a format suitable to meet their individual needs. For example, the service had their evacuation procedure in a easy read format in the event of an emergency. People had advocates available to them if required to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in format to meet their needs.

People's care records were person-centred and held detailed information about how each person wanted their needs to be met in line with their wishes and preferences. People's preferred daily routines were recorded to inform staff. People's records also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any decreases in people's mental health or learning disability was identified and specialist advice was sought. For example, people were referred to mental health professionals. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately. Staff said they encouraged people to make choices as much as they could.

People had information that told a story about the person's life, their interests and how they chose and preferred to spend their time. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on all care records. Guidance on assisting people with their learning disability, autism or mental health diagnosis helped ensure staff had the most

recent updated information to respond to peoples' needs.

People were supported to develop and maintain relationships with people that mattered to them. For example, one person was away staying with family during our visit and other people saw family members regularly. The registered manager sent family members a monthly newsletter. This included picture of activities undertaken, places people had visited and a list of finance expenditure to show family, who were appointees for people, where money had been spent.

People took part in a variety of activities and people had either one to one or two to one support with all activities planned. This included the completion of a 'trip out' form. This showed where staff planned to take people, estimated time of return, emergency contact details of the person on call and a phone to call for assistance. Staff supported people to access a wide range of activities. Staff confirmed they tried new activities to ensure people could experience a range of activities. A relative commented; "They make sure that he is able to try new things and encourage him to be active and involved."

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, people visited local shops, café and cinemas.

People were provided with a complaints procedure and in a suitable format for them to understand. Complaints and concerns were also discussed at 'house meetings.' The registered manager understood the actions they would need to take to resolve any issues raised. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay.

At the time of this inspection there were no people close to the end of their life due to all the people in the service being younger adults. However, the registered manager understood how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future could be confident their needs would be met.



## Is the service well-led?

### Our findings

The service was well led. The registered manager, who was also the registered provider, worked in the home most days. People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. Staff spoke positively about the registered manager. Staff said; "We get great support and they work alongside us" and "always approachable and about any issues."

The registered manager was open and transparent and was very committed to the service and the staff but mostly the people who lived there. They said the recruitment process was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Orion House mission statement included; "We believe that everyone with a learning disability whatever the nature or severity should be empowered through appropriate support to exercise their right to, choice, opportunity, respect and dignity. It is important for Linton Support (the company who own and run Orion House) to work with each individual in a supportive and person-centred way to ensure that their wishes, desires and beliefs are at the forefront of our business direction." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training.

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service. For example, sign language and easy read documents.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

Staff spoke well of the support they received from the registered manager. Staff felt supported. Staff said the registered manager were available, approachable and they were able to call them at any time. Staff confirmed they could raise issues and agreed any issues raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the registered manager. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to raise any concern or make comments on how the service was

run. Staff were updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowing policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out regularly and in line with policies and procedures, for example audits on medicines. These helped to promptly highlight when improvements were required. In addition, annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The registered manager was fully aware of and had implemented the changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.