

Orion Care Services

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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

Orion Care Services provides care and support to people with learning disabilities living in their own home. People lived in supported tenancies that the service called 'projects'. At the time of our visit the service supported 12 projects and 26 people received personal care. Projects were staffed 24 hours a day, and people received personal care and support dependent on their assessed needs.

We visited the offices of Orion Care Services on 4 February 2016. We told the provider 48 hours before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

The service has a registered manager. 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.

People told us they felt safe with their support workers and knew what they would do if they felt unsafe. Support workers were trained in safeguarding adults and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's support and for managing people's medicines safely. There were enough experienced staff to provide the support people required. Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service.

People told us support workers were kind and respectful and had the right skills to provide the care and support they required. The managers and support workers understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People had consistent support workers who they were able to build trust and relationships with.

Support plans and risk assessments contained relevant information to help support workers provide the personalised care people required. People were involved in their care and were asked for their views and opinions about the service they received. People and support workers said they could raise any concerns with the managers knowing they would be listened to and acted on.

Support workers and people who used the service found the management team approachable and responsive. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and support workers, and a programme of checks and audits.

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.

Support workers understood their responsibility to keep people safe and there were procedures in place to protect people from risk of harm. Support workers understood the risks relating to people's care and supported people safely. There were enough suitably experienced workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Support workers had the knowledge and skills to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 so that people were appropriately supported to make decisions. People's consent was requested before care was provided. People who required support had enough to eat and drink and had access to health professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the service they received. People were supported by workers who they considered kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from regular support workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

The service people received was based on their individual needs. People were involved in decisions about their care and how they wanted to be supported. Support plans were regularly reviewed and support workers were given updates about changes in people's needs. People were able to share their views and had

no complaints about the service they received.

Is the service well-led?

The service was well-led.

The management team were committed to providing a service that put people at the centre of it. Support workers shared these values and enjoyed working for the service. Staff felt supported to do their work and people who used the service felt able to contact the office and management at any time. The managers provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

Good ●

Orion Care Services

Detailed findings

Background to this inspection

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

We reviewed information received about the service, for example, from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They told us following a recent visit to the service the provider had been asked to make some improvements to how they operated. The contracts officer also told us about a recent incident that had been referred to safeguarding for investigation. We were able to discuss this incident with the managers during our visit.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection. We were also provided with names of people who used the service that we could contact by telephone to find out their views about the service. Due to some people's disabilities they were unable to speak directly with us, so we spoke with their relatives to find out their views. We spoke with 11 people, (six people who used the service and five relatives) and three support workers over the telephone to find out their experience of using the service.

The office visit took place on 4 February 2016 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with other staff. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our visit we spoke with a support worker, three project managers, the deputy manager, the registered

manager, who is also the provider of the service, and a director.

We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe using the service, one person said, "I feel very safe here," another told us, "I don't want to leave here ever, I like my home." Relatives told us, "I feel he is safe and generally well looked after," and, "I feel he is very safe." People knew what to do if they did not feel safe. One person told us, "I would tell mum if there was anything wrong," and a relative said, "If I have any concerns I have no problem bringing this up with the staff."

Support workers understood how to safeguard people they provided support to. Support workers had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour. They were aware of their responsibilities to report suspicions or allegations to the registered manager or managers in the office. One support worker told us that they would have no hesitation reporting any suspicions of abuse as she had "a duty to protect people."

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Support workers knew the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take this into account and minimise risk. For example, people who had behaviours that could be seen as challenging to themselves or others, had plans in place so staff knew how to identify cues or triggers and how to interact with the person to manage and calm behaviours. The service was proactive with risk management and used risk assessments positively to support people maintain independence and follow their hobbies and interests, for example using public transport, horse riding and accessing the local community.

There were sufficient experienced support workers to provide the support people who used the service required. At the time of our visit the service supported 26 clients with personal care and employed 105 support staff. A support worker told us, "All staff work very well together and we help out in other projects as the need arises, we try to ensure consistency for our clients in case of annual leave and sickness." Support workers told us that managers were always available if they needed support. We were told, "There is always someone on call for advice or support if you need it."

Recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to wait until their DBS (Disclosure and Barring Service) and reference checks had been completed before they started working in the service. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use care services. Records confirmed staff had a DBS check, and references had been returned before they started work.

Most people needed support to take their medicines. Support workers told us they were confident assisting people with medicines as they had received training that explained how to give medicines safely. Support workers said they had their competency regularly checked to make sure they continued to give medicines safely.

Some people were prescribed medication 'as required' to manage emergency health conditions such as epilepsy or to manage specific behaviours. There were clear protocols in place for support workers to follow and refer to. This ensured people received 'as required' medicines safely and when they needed them.

There was a procedure to check medicine records to make sure there were no mistakes. Support workers told us they checked the medication administration records (MAR) on each shift to make sure there were no gaps or errors. If they identified any errors they reported this to their project manager. Additional checks were made on MARs during checks by project managers to ensure support workers had administered medicines correctly.

Completed MARs were returned to the office for auditing and filing. Medicines were managed safely, support workers were trained to administer medicines and people received their medicines as prescribed.

Is the service effective?

Our findings

People who used the service and their relatives, told us support workers had the right skills and knowledge to meet their needs. A relative told us, "The staff are well trained for the job. My [relative] can have sudden outbursts and they deal with them very well."

Support workers completed an induction which prepared them for their role before working unsupervised. A support worker told us they received all the training needed to support people's individual needs, choices and preferences. They told us, "I had a comprehensive induction when I started and I have regular updates to refresh my knowledge." The director told us, "We already have a very comprehensive induction programme but we are implementing the care certificate. As there are a couple of new standards in the care certificate we will be training all our staff in the areas not previously covered." The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment.

Records confirmed support workers received training considered essential to meet people's health and safety needs. One support worker told us, "I receive on-going training and regularly attend training courses." Support workers completed training to support individuals that used the service, for example, epilepsy management, autism awareness and management of behaviours that challenged. A support worker told us, "I have just had an update in Studio 3 training. This is about managing people's behaviours using a low arousal, distraction approach. It was great and I learned a lot, especially how to diffuse situations and to release myself safely if a client has hold of me by my wrists or throat. Luckily that doesn't happen, but we support people with complex needs and have a no restraint policy so you need to know how to manage people's behaviours safely."

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers told us there was no one using the service at the time of our inspection that was unable to make decisions about how they lived their daily lives. Although some people did lack capacity to make certain decisions, for example where they wanted to live or how they managed their finances. The managers told us all the people who used the service had somebody who could support them to make these decisions, for example a relative or an independent advocate.

Project managers and support workers had been trained in the MCA and understood the relevant requirements of the Act. They told us the MCA meant, "Assuming people have capacity and working in peoples best interests. Trying to give people as much choice and allow them to make their own decisions." Another said, "It's about supporting people so they can make decisions about their daily lives so they can live their lives as they choose." People confirmed support workers asked for their consent before providing

care, one person told us, "Yes, they always ask me before they do anything."

People told us they were supported by staff to make their meals and that they were offered choices according to their specific preferences. One person said, "I choose what I want to eat, mum says I have to eat my vegetables but I don't like them." Project managers told us most people were supported to prepare their main meal, but some people were able to make snacks and drinks with prompting or supervision. Some people who were dependent on staff to provide their food and drink had limited verbal communication. Support workers told us they used pictures to help people decide on meal choices.

All the people we spoke with required support to manage their healthcare. One person told us, "I go to the doctors when I am poorly, someone comes with me. I like them to do that."

Support plans contained information about people's health needs. Records showed people had routine health checks with dentists and chiropodists and that speech and language therapists, dieticians and G.Ps were consulted as required. Staff had completed training to support people's health conditions such as epilepsy and diabetes. Guidelines informed support workers how individual's health conditions were to be managed. Support workers knew the people they supported very well and were able to monitor and respond quickly to people's health conditions. For example, we were told one person had regular meetings with their psychiatrist and psychologist to monitor their behaviours. Due to recent changes in their behaviour referrals had been made for several health tests to assess if the changes were due to any physical cause. People were supported to manage their health conditions and had access to health professionals when required.

Is the service caring?

Our findings

People thought support workers were kind and caring, people told us, "They are my friends and they are always nice to me," and "I have lived here for 5 years, the staff are very kind." Relatives said they were happy with the care provided to their family member, comments included, "I am very happy with the care my son receives," and, "I put my trust in the carers and I am sure they treat my son with respect at all times."

The service made sure people received care from familiar, consistent support workers. One project manager told us, "Where new staff will be working on a one to one with people their induction includes shadow shifts so they get to know the person and we can see if the support worker is compatible with the client." Everyone we spoke with told us it was important to have staff that knew people well. The director told us, "We make sure every client has a regular staff team, which ensures continuity. This is extremely important because unfamiliar staff would have a detrimental effect on some clients and would impact on their behaviours." People who used the service told us they were happy with the workers who supported them, their comments included, "I have the same workers all the time. They are here from one day till the next day," another said "I have lived here for a year, I like it here. We have four care workers who look after us all."

All the staff we spoke with were proud of the service they provided to people, and it was important for them to do a good job and to get to know the people they supported. The support workers and project managers we spoke with supported the same people regularly and knew people's likes and preferences. A support worker told us, "I work with the same person and have built up a good relationship with them. They have limited verbal communication; I know them really well and can pick up signs and cues when they are unhappy with anything."

We looked at how people's privacy and dignity was maintained by the service. The Provider Information return (PIR) completed by the provider told us, "Privacy and dignity, forms part of all care tasks carried out on behalf of the service user. Staff ensures that communications about sensitive issues such as medical diagnosis or toileting arrangements are spoken about in private, away from other service users."

We found this was reflected in the service provided. Support workers and managers ensured people's privacy and dignity was maintained and people were treated with respect. One person told us, "I have a shower when I want one, they cover me up." A relative told us, "They treat us and our son with total respect at all times." A support worker told us, "I am always mindful how I speak to clients, that I am respectful and polite. When providing personal care I make sure their bottom half or top half is covered. I make sure curtains or doors are closed before providing care." Staff we spoke with understood the importance of people having privacy when required. A project manager told us, "Staff are there 24/7 and clients often need their own space and time on their own. If people want to spend time on their own in their bedrooms, the support workers respect this." This made sure people's privacy and dignity was maintained.

The director told us, "We promote the independence of all our clients. We try and ensure clients are given the choice to live their life how they choose. Our aim is to offer good quality consistent care in a person centred way." People confirmed they were supported to do things for themselves where possible, comments

from people included, "Yes I do what I can for myself," and, "They do things for me all the time, but they always make me do as much as I can for myself." Support workers and managers we spoke with explained how they encouraged people's independence, for example during personal care routines such as showering, people washed and dried areas they could reach. Information about what people were able to do for themselves was clearly recorded in their support plans. People who used the service were supported to maintain their independence and to live their lives as they wished.

Support workers understood the importance of maintaining people's confidentiality. One support worker said, "I never talk about clients to other people. We are trusted to maintain people's privacy and that includes any written or verbal information we have about them."

Is the service responsive?

Our findings

People and their relatives told us their support needs had been discussed and agreed with them, and the service they received met their needs and choices. People told us support workers understood the support they required and this was recorded in their support plan. One relative told us, "My son cannot communicate very well but the carers are able to understand what he needs."

Support workers had good understanding of people's care and support needs. They told us, "We provide clients with 24 hour support so we have time to read care plans. It is part of the job to sit and talk with people and accompany them on activities. We get to know the client, what they need and what they like really well."

The registered manager told us in their PIR that, "The care planning process involves staff listening and responding to service user's preferences and choices in the delivery of the service. Each services user has a care plan that is person centred which describes the service to be provided taking into account their choices and preferences. The care plan is reviewed at a planned predetermined date or unless changes in needs arise."

The support plans we looked at, confirmed the information the provider gave us. Plans provided support workers with information about how people wanted to receive their support and how they liked to live their lives. These included hobbies and interests' people were supported to follow, for example walking, trips to the pub, eating out, holidays and day trips. Plans were reviewed and updated regularly and people were involved in reviews of their care. One relative told us, "His care plan is updated regularly. I read it when I visit and I can find out what has been going on."

The managers told us, to ensure the service was responsive to unforeseen situations a senior member of staff provided an on call system when the office was shut during the evenings and at weekends. This ensured support workers received advice and support to respond to situations if needed.

People and their relatives knew they could raise concerns and knew the actions to take if they wanted to make a complaint. One relative told us, "I would be happy to approach the office staff if I had a problem with his care," another said, "I wouldn't hesitate to complain if there was reason to. I feel that I am supported by all of the staff."

The provider told us in the PIR that, they had a complaints procedure in place that was based upon listening, improving, and responding to people. The PIR told us, that the service takes all complaints seriously and sees them as an opportunity for learning and improving the service. That people were given a copy of the complaints procedure in the service user information pack. That all complaints were recorded, logged, investigated and reviewed to ensure that people were satisfied with the outcome of the complaint. The provider and director told us there had been no formal complaints received about the service in the past 12 months.

Support workers said they would refer any concerns people raised to their manager or the registered manager. They were confident concerns would be dealt with effectively.

Is the service well-led?

Our findings

People and relatives were generally satisfied with the service they received. One relative told us, "They care for him the best they can. Supported living really suits my son."

Support workers and project managers we spoke with told us they enjoyed working for Orion Care Services and that their work was "very rewarding". One support worker told us "They are never too busy to have a chat if needed. They are a very good company to work for."

Each project had a rota that showed the support workers who would be supporting the project. However, where people lived with others we were unable to see how each person's allocated time had been arranged. People had been funded either by the local authority or health to receive a specific amount of support, for example 16 hours a day and a sleep in. The rota did not show how the staffing for individuals had been arranged in each project. The director told us they were reluctant to put this information on rotas in people's homes as rotas were available for all to see, but agreed to add this to the rotas kept in the office. This would evidence that people received the level of support they required and were funded to receive.

Staff told us they felt well supported by the management team to carry out their roles. We were told there were procedures for staff to share their views and opinions of the service. One support worker told us, "I have supervision meetings and we have regular staff meetings where I am asked for my opinions about the people I work with and the service in general. We are kept up to date with relevant information and communication between the office and projects works well."

There was a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The director and provider told us they kept up to date with their regulatory requirements through CQC guidance and other publications produced by CQC on best practice. They were aware of the new regulations and the five key areas that we inspect against. However we noted that the regulations the provider referred to were the previous regulations. The director took action to obtain the current regulations from our website.

The provider had a clearly defined management structure in place. This included, a director, the provider who was also the registered manager for the service, two deputy managers and five project managers. Managers we spoke with understood their roles and responsibilities and what was expected of them. Support workers knew who to report concerns to and said the management team were always available if they needed to speak with them. There was an experienced management team that provided regular support to workers.

All the staff we spoke with were aware of the provider's whistle blowing procedure and felt confident

reporting concerns or poor practice to their line manager or the registered manager. One support worker told us, "I wouldn't hesitate to speak out if necessary." They were certain any concerns they raised would be listened to and acted on.

The provider told us in their PIR, "We recognise that the culture of our care service is essential to the delivery of quality care and the achievement of positive outcomes to people who use our services. The culture of our service is crucial and of paramount importance to a well led service. The PIR also told us, "Orion Care Management adopts an open door policy where people are confident they will be listened to and treated with respect." All the people and staff we spoke with said they were asked for their views and opinions of the service and their opinions were listened to.

People told us they had visits from senior staff and were sent a survey asking them if they were satisfied with the service provided.

We noted that complaints information and satisfaction surveys to people who used the service, were not available in a format that people who were unable to read could easily understand. For example by using pictures to assist people with limited verbal communication to understand and be able to share their views. The provider told us they had already identified this as an area for improvement. We were shown an easy read version of the complaints procedure which had been developed. The provider told us an easy read satisfaction survey was also being developed, as at present people had to rely on staff or family to help them complete these.

The provider used a range of quality checks to monitor the quality of service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were regular visits from the local authority contracts department to monitor the care and support provided. Following a visit by contracts in December 2015 a number of shortfalls had been identified and actions by the provider had been recommended. We were sent a copy of report from the contracts department and we discussed with the provider the action they had taken to address the shortfalls. We saw the provider had implemented most of the recommendations to improve the service. However most of the improvements the provider had been asked to make did not relate to our regulations, (Health and Social Care Act 2008).