

Highland Ornate Limited

# Ornate Healthcare Trafford

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ornate Healthcare Trafford is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection, the service was providing support to 76 people, all of whom received support with the regulated activity 'personal care'. This is help with tasks related to personal hygiene and eating. We also considered any wider social care provided.

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

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

The registered manager did not have the support to manage a domiciliary care agency providing care and support for over 70 people. There were plans to increase the management role of a team leader, but no confirmed timescale for this to take place. A quality assurance system was in place, but this hadn't identified the shortfalls found during this inspection.

People received their medicines as prescribed. We have made a recommendation for staff medicines competencies to be regularly assessed and 'as required' medicines guidance to include more detail. Care and support plans identified people's support needs and provided guidance for meeting these needs and managing identified risks. We have made a recommendation to review care plans to ensure all people's needs are identified. People and their relatives had been involved in agreeing and reviewing the care and support plans.

Four out of 9 people or their relative said the less experienced care workers did not communicate as well as the more experienced colleagues. Staff received the training for their role and felt supported by the registered manager. However, spot checks and supervision meetings had not been completed as planned. Staff were safely recruited.

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 were supported to maintain their health and nutritional needs where applicable. People were

supported to take part in local community activities where this was part of the agreed support.

People and relatives said communication with the service was good. Any incidents or complaints were investigated and resolved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 25 May 2022, and this is the first inspection.

#### Why we inspected

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

#### Enforcement and Recommendations

We have identified a breach in relation to the governance and oversight of the service. We have made two recommendations about medicines management and capturing all people's needs in the care plans.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ornate Healthcare Trafford

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2023 and ended on 31 May 2023. We visited the location's office/service on 17 May 2023.

#### What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback

from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the support they received. We also spoke with 11 members of staff including the registered manager, support workers and the provider's quality assurance manager.

We reviewed a range of records, including 7 people's care and medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received their medicines as prescribed. An electronic medicines administration record (MAR) system was used. This would alert the management team if medicines had not been administered at the agreed time and they could then follow this up.
- Information for how people would communicate, verbally or non-verbally, if they needed medicines prescribed 'as required' (PRN) was not recorded. We saw no evidence people had been harmed, as most people were able to verbally ask for a PRN if they needed it. The registered manager started to review the PRN guidance during the inspection.
- Staff had completed online medication training and told us they were observed administering medication initially by a team leader. However, this was not recorded and no further competency checks were made.
- We saw gaps in the MARS had been looked into. For example, where staff had not always completed the MARs correctly if a call had been cancelled or the person's family had administered the medicines. This issue had been addressed during a recent staff meeting.

We recommend the service follows current best practice guidance for PRN protocols and regular monitoring of staff competency to administer medicines.

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

- Most risks people may face had been identified and guidance provided to minimise these risks. However, there was no guidance in place for staff to follow in relation to one person's specific needs.
- An incident involving one person had been recorded shortly before our inspection. Their care plan did not have any guidance for supporting them when they were agitated. The registered manager said they would review the person's care plan.

We recommend all care plans are reviewed to ensure they fully reflect people's needs.

- The registered manager reviewed all incidents and ensured appropriate actions had been taken to reduce the risk of a re-occurrence.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. Staff were able to explain what they would need to report if they had any concerns or issues via the electronic care planning system on their mobile phone. Staff said they would also phone the registered manager directly.

### Staffing and recruitment

- There were enough staff to attend all calls and meet people's needs. Recent data showed staff stayed for the full length of calls and most calls were at the agreed time. Feedback from people was generally positive about the timing and length of calls.
- Staff were safely recruited with all pre-employment checks completed before they started working at the service.

### Preventing and controlling infection

- People and relatives confirmed staff wore personal protective equipment (PPE). Some said 'younger staff' didn't always use masks if requested to do so. We discussed this with the registered manager who said they would remind all staff about wearing masks if people asked them to do so.
- Staff had received training in infection control and there were infection control procedures in place.
- Where it was part of the agreed support, staff supported people to maintain the cleanliness of their own home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training they needed for their role. All staff completed on-line and face to face training when they joined the service. They then shadowed experienced members of staff to get to know people and their routines.
- Training in supporting people with learning disabilities and autistic people was due to be introduced for the staff team to complete.
- Staff said they felt supported by the registered manager. Formal staff supervision meetings and spot checks were behind schedule. We discussed this with the registered manager, who had started to complete the outstanding supervisions and spot checks during the inspection.

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

- An initial assessment of people's needs was completed to ensure people's needs could be met by the service. Staff said they had the information about new people's support needs before they went on their first call.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Where it was part of people's support plan, people were supported with their nutritional and health needs.
- Staff prepared meals with or for people. Guidance was provided for the support people needed whilst eating and drinking. People's food preferences were recorded where applicable.
- Staff explained the actions, giving examples, they would take if a person they supported was unwell.

Staff working with other agencies to provide consistent, effective, timely care

- Guidance provided by other professionals, for example district nurses and dietician, were recorded and any guidance provided was included in the care plans.
- The local authority commissioning team said the service had worked with them to resolve issues that had been raised directly with them.

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

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

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

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

- The service was working within the principles of the MCA. People's capacity to consent to their support was assessed during the initial assessment. Any changes in people's capacity to make decisions were referred to their appropriate professionals so a formal capacity assessment could be completed.
- Any restrictive practices were identified, with the reason why they were in place and who was involved in agreeing them if the person could not agree themselves. For example, one person's medicines were kept in a locked box. The person's family had introduced this as there was a risk the person would try to take more medicines than had been prescribed.
- Where relatives held a lasting power of attorney (LPA) to legally make decisions on their relative's behalf, this was confirmed by the registered manager.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People supported by the service did not always feel staff communicated effectively with them. Four out of 9 people or relatives said the less experienced staff did not communicate as much with them during the call. People said, "The younger ones are just doing a job, I feel. They don't even ask how I am doing, they're not very talkative" and "Some of the carers don't say hello when they come in, or say anything. When I said to a carer 'who is it' before I saw them they asked me 'why do I want to know'. It's a little un-nerving not knowing who is coming in." A relative said, "Some of the carers like to chat and are very good and caring, some just come in and do what they are there to do." We discussed this with the registered manager, who said they would complete additional spot checks for the less experienced staff.
- People and relatives were complementary about the more experienced staff members. They said they did not always have regular staff, but all were respectful. One person said, "The carers are very good to me, very nice to me. It's not always the same faces, but I have not found one I don't like or get on with" and a relative said, "I like that a lot of the carers respect [name]. They will spend time chatting and will stop for a drink as it encourages [name] to stop and have a drink too."
- A complaint had been made that staff had arrived at a sheltered housing scheme wearing ear buds and sat in the communal lounge not interacting with anyone. A staff meeting had been held to address these issues with all the staff team.

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

- People and relatives, where appropriate, said they were involved in agreeing and reviewing their support plans.
- Surveys were used to gather feedback from people. These were now completed during the 6 monthly reviews to increase the number of responses received. The registered manager reviewed the surveys and followed up any issues raised in them.

Respecting and promoting people's privacy, dignity and independence

- Staff prompted and encouraged people to do things for themselves where possible. Care records supported this.
- Brief information about people's life, preferences and any cultural wishes was captured in people's care records.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs.
- The support tasks for each visit were identified.
- People and their relatives were involved in agreeing and reviewing their support plans.

Meeting people's communication needs

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

- People's communication needs were recorded and guidance provided for staff when communicating with people.

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

- Where it was part of the agreed support, people were supported to go out locally, for example to do their weekly shopping.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. No formal complaints had been received. Concerns raised through the local authority commissioning team had been investigated and responded to.
- People and relatives said they were able to contact the registered manager if they had a concern.

End of life care and support

- No one currently supported by the service was receiving end of life support. Brief information about people's wishes for the end of their lives was recorded where people wished to discuss this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was little management support for the registered manager for a service supporting over 70 people. The team leader had 1 day per week when they did not provide care so they could support the registered manager. The issues we found during this inspection regarding 'as required' medicines guidance, gaps in 1 care plan, spot checks and staff supervisions being behind schedule, and the way some less experienced staff did not interact with people had not been identified by the service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the aim was for the team leader to move towards full time management support, but there were no timescales for this. They would complete staff spot checks and supervisions, assessments, and reviews in support of the registered manager. The provider's quality assurance manager also assisted the registered manager with assessments when needed.
- There was a quality assurance system in place. The registered manager completed monthly medicines audits. Any issues found were actioned. Six monthly reviews were held with people to ensure the support continued to meet their needs, although these were not recorded in the care plans if no changes were needed. The quality assurance manager reviewed all care plans every 3 months.
- The service had expanded in 2022. This had caused issues with call times and consistency, which were now resolved. The registered manager said any further expansion would be undertaken at a slow pace, ensuring the service had the trained staff in place to meet people's needs before taking on new clients.
- Call times were now monitored more closely to ensure staff were punctual and stayed the full length of the call times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We were told not all the new staff communicated with people effectively during the support visits. We saw a complaint had been raised through the local authority commissioning team along similar lines. The registered manager had held a staff meeting to address these concerns. They said they would also complete additional spot checks and supervision meetings with the newer staff.
- People, or their relatives, were asked for their feedback during the 6 monthly reviews of their support. They

said the communication with the service was good.

- Staff said they were able to speak with the registered manager if they had any queries or concerns. There was an on-call system in place to provide support for staff outside of office hours.

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

- The registered manager knew their responsibilities under the duty of candour. Complaints were investigated, lessons learnt, actions completed, and information shared as required with other agencies.

Working in partnership with others

- The service worked with a range of professionals where they were involved in people's care and support. This included medical professionals and the local authority commissioning team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The governance systems had not identified the issues we found with; as required medicines guidance, staff medicines competency checks, issues reported about the newer staff interactions with people. Staff spot checks and supervision meetings were not completed as planned.