

Orchid Home Care Support Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 13 December 2018 and was announced. This was the first inspection of this service since registering with the Care Quality Commission (CQC) in October 2017.

This service is a domiciliary care agency and provides personal care and support to people living in their own houses in the community. It provides a service to people living with dementia, older people, learning disabilities or autistic spectrum disorder, physical disabilities and sensory impairment.

On the day of the inspection there were 63 people using the service of which 43 were receiving assistance with personal care and 23 people were supported with other daily living tasks. The office is situated in the Great Lever area of Bolton.

There was a registered manager in place. 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 who used the service felt safe with the people who supported them. Staff files showed the recruitment system to be satisfactory and people employed had been checked with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Some of the staff had worked with the registered manager at another agency and some of the DBS checks had been carried out by that agency. The registered manager was in progress of ensuring that DBS checks were now being completed by Orchid Home Support Care.

There were enough staff to meet the needs of people who currently used the service. Systems were in place to monitor that staff had arrived at a person's home. This helped to ensure visits were not missed.

The service had a relevant and up to date safeguarding policy and procedure and all staff had received training in safeguarding. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Records showed a thorough induction programme for new staff. New staff shadowed an experienced member of staff until they felt confident in their role. Further training was on-going and staff were required to complete regular refresher courses for essential subjects.

We saw that staff were taught to deliver non-discriminatory and cultural awareness to ensure that people's cultural and religious beliefs were respected place.

People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs.

We saw from care plans we looked at that independence was promoted and people told us their dignity and privacy were respected.

Care files we looked at were person-centred and people's choices for their care and support were respected. Risk assessments and care plans were reviewed on a regular basis. Any changes were clearly documented within the care files. Activities, such as accompanying people to go out in to the community were facilitated by the service where possible.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA).

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about their jobs and were complimentary about how the service was managed.

There was a service user guide which included relevant information about the service.

Feedback was sought from people who used the service. Home visits from the registered manager and quality assurance surveys were completed.

There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

Regular staff supervisions were carried out and there were staff meetings held on a regular basis. We saw records of regular observations of staff competence which were undertaken by the management.

There were a number of audits carried out on a regular basis. All were followed up with appropriate actions where required.

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

People who used the service felt safe with the staff who supported them. People received their medicines as prescribed.

The recruitment system was satisfactory. The registered manager was in progress of ensuring that DBS checks were now being completed by Orchid Home Support.

There were enough staff to meet people's needs. Systems which helped ensure visits were not missed were in place. There were appropriate individual risk assessments within the care plans.

There was a relevant safeguarding policy and procedure and all staff had received training in safeguarding.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and people felt confident in their abilities to care for them.

Capacity and consent issues were considered, meeting the requirements of the Mental Capacity Act 2005 (MCA).

The management team liaised effectively with other healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring and compassionate manner.

Staff spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

Is the service responsive?

Good ●

The service was responsive.

Visits to people's homes were not rushed and all people we spoke with confirmed this was the case.

The service had systems in place for receiving, handling and responding appropriately to complaints.

Care plans reflected people's needs and how they would like their care to be delivered.

People were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

Is the service well-led?

The service was well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service.

The registered manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Good ●

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Detailed findings

Background to this inspection

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

This announced inspection was carried out on 13 December 2018. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the provider. We also reviewed any safeguarding or whistleblowing information we had received and any complaints about the service.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

As part of the inspection we spoke with the registered manager, the directors, a care coordinator, the office staff and four staff members. We also spoke with five people who used the service and a relative; this was to seek feedback about the service provided from a range of different people and help inform our inspection judgements. We also spoke with the local authority commissioning team, the safeguarding team and Healthwatch Bolton. Healthwatch is the national consumer champion in health and care. No concerns were raised.

During the inspection we viewed four care plans, five staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and risk assessments.

Is the service safe?

Our findings

During our telephone calls to people who used the service we asked them if they felt safe. Comments included: "Yes definitely". "Yes, the carers have become friends". "They always turn up, they never miss a call".

We saw that the care staff all wore a uniform and had identity badges This helped to reassure people to know who was coming into their homes and that they were employed by the company.

We saw that policies and procedures for safeguarding people from harm were in place They provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff spoken with and records showed that staff had completed training in the protection of vulnerable people. The registered manager stated on the PIR that safeguarding training was undertaken as part of the staff induction programme. All members of staff had access to the whistleblowing procedure (the reporting of unsafe and/or poor care).

We saw for some people that they needed two care staff to assist them at all times to ensure their safety. For example, when moving and transferring people. People spoken with confirmed that two staff always attended as required.

We looked at the staff recruitment files. Staff files showed the recruitment system to be satisfactory and people employed had been checked with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Some of the staff had worked with the registered manager at another agency and some of the DBS checks had been carried out by that agency. The registered manager was in progress of ensuring that DBS checks were now being completed by Orchid Home Support Care.

Risk assessments were in place in relation to assessing whether people faced risks with certain aspects of their health, such as needed support with moving and handling or needing assistance with the administration of their medicines. Risk assessments were also undertaken around risks associated with safety issues within people's home such as fire safety and poor lighting.

The service had a medicines management policy and procedure in place that gave guidance to staff about the storage, administration and disposal of medicines. Records showed that staff received training and competency assessments before they were permitted to administer medicines.

Some of the people spoken with told us the staff administered their medication to them. Other people said they took their own medicines or their family assisted them. One of the director completed regular medication audits. We saw evidence of these completed audits.

We saw that any accident and incidents that occurred were recorded and monitored. This helped management to recognise any trends and patterns and where necessary take appropriate action helping to ensure people are kept safe.

There was an infection control policy in place. It provided instructions to staff on processes such as hand hygiene, personal protective equipment (PPE) such as disposable aprons and gloves when delivering personal care to people. Staff told us they were provided with antiseptic hand gel and disposable shoe covers. Wearing protective equipment helps to protect staff and people from the risk of cross infection during the delivery of care.

Is the service effective?

Our findings

The people we spoke with told us they felt that the staff had the right attitude, skills and experience to meet their needs. One person said, "They [staff] know how to look after me". Another said, "I think they are all well trained, they do a good job". One relative spoken told us, "This service is fabulous, I have no complaints what so ever". One person told us that they preferred the same carers coming to their home but appreciated this was not always possible due to holidays and sick leave.

Records showed that new staff completed an induction programme on commencing work at the service. This included essential training, orientation to the service and shadowing with a more experienced member of staff until they felt confident to work on their own. One member of staff told us, "I completed an induction that was very well presented and I was able to ask questions if there were certain areas I was unclear about. I also shadowed other staff and that was invaluable and was very important to have the opportunity to go out with an experienced carer before going out alone. All the training was stipulated when I started and was carried out by experienced individuals." Records we looked showed that staff had completed training in safeguarding, challenging behaviour, administration of medication level 2, health & safety, moving and handling, infection control, dementia awareness and food hygiene. Specialist training for example catheter care was provided to staff when required.

The registered manager told that some care staff had completed a National Vocational Qualification (NVQ) in health and social care. New staff were required to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff were also given a handbook which contained guidance about their roles and responsibilities.

We saw records of regular staff supervision sessions and the staff we spoke with confirmed that these took place. Supervisions offer the opportunity for staff to discuss work issues, any concerns they may have and any further training and development they may wish to undertake. Actions were recorded where relevant. Annual appraisals will be completed when staff had worked for the service for one year and above.

Care plans we reviewed included relevant information about people's health and well-being. Agreed times and tasks were documented and people/relatives had signed their agreement to the care plan.

The service ensured that information was accessible to as many people as possible. Literature about the service could be produced in large print and in various languages, for example Urdu and Gujarati to accommodate people who used the service. Several of the staff were multi-lingual, this meant they could explain information to people in their first language.

People's nutritional and hydration needs were clearly documented, taking in to consideration people cultural requirements, special diets and allergies. We saw that the service worked with other agencies, such as dieticians. Where any concerns were identified this would be recorded and discussed with the management and other relevant parties.

We checked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. Staff spoken with demonstrated a good understanding of the MCA and confirmed that they had received training in this topic.

Is the service caring?

Our findings

We receive positive feedback from the people we spoke with about the kind and caring attitude of the staff. Comments included, "They [staff] always turn up, I have never been left without a visit. If they are running late someone lets me know". Another person told us, "They [staff] are the best carers in the world, they will do anything for me, they are fantastic ". A third person, "They [staff] are really great I have no grumbles about the service I receive".

Staff spoken with, genuinely enjoyed their job. One person told us, "If I can help someone and make a difference to their life that is really good".

Staff spoken with told us of the importance of ensuring privacy and dignity of people they were caring for. For example, always knocking on the door before entering the room. People spoken with confirmed that staff respected their dignity when providing personal care. They said that staff were polite and respectful.

We were made aware that 50% of the people who used the service were from an ethnic background. The staff induction included the importance of understanding equality and diversity. Staff were taught to deliver non-discriminatory practice and cultural awareness. This was to ensure that people's cultural and religious beliefs were respected.

People who used the service were allocated a key worker. The aim of the key worker was to provide each person with an advocate within the staff team and to develop a relationship based on trust and mutual respect. Where possible people had the choice of a male or female member of staff. This was important for some people to help them when planning their day, for example when visiting the mosque, temple or church.

We were provided with a copy of the Service User Guide that was given to people who used the service. The Service User Guide is a document that contained a lot of information about the agency. It clearly defined the principles of the agency which included; principles and values of the agency, the standard that you can expect and the key worker system.

People were provided with the telephone number for them to contact the agency if required. The registered manager told us that there was an on call out of hours number so people who used the service and staff could contact a member of the management team in the event of an emergency. People spoken with felt that communication with the registered manager and staff in the office was good. People felt they could call at the office for a chat at any time.

The registered manager knew how to access advocates for people who had nobody to act on their behalf. They were able to assist people in many ways such as; acting on their behalf at meetings and appointments and accessing information for them.

We saw that confidentiality was respected by staff. Care records and staff files were securely stored and

policies and procedures were in place. Staff were given training and support around confidentiality.

Is the service responsive?

Our findings

People told us that the staff responded well their needs. Comments included, "They [staff] do so much for me, they are great". Another said, "Nothing is too much trouble, a lovely set of girls".

We were told some people had selected Orchid Home Care Support themselves through the direct payment scheme. Direct payments are local Health and Social Care (HSC) Trust payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local trust. In some of the care files we looked the package of care had been commissioned by the local authority. The registered manager told us that once the care package had been agreed a member of the management team carried out their own assessment. This was to ensure that the individuals needs could be met by the agency staff and to assess if the person who was to use the service and the attending staff would be at risk or harm or hazards.

We looked at five care records and saw that in addition to the initial assessment they contained sufficient information to show how people were to be supported and cared for. It was clear from the information contained in the care records that people and their relatives, where appropriate had been involved in the planning and support. We saw that care records were reviewed and any changes made had been documented to reflect this. People we spoke with told us they had a care record in their home and following each visit the carers wrote in this so that the next person or family were aware of what tasks had been completed. We saw evidence of the daily monitoring log sheets that staff had completed. These were detailed and no gaps were identified.

The registered manager told us that where people who used the service had identified as requiring specialist care, they worked alongside other professional such as the GP and the community nurses, the safeguarding team and the falls clinic. This was to ensure a person's care needs could be met.

The registered manager told us that they tried to offer a flexible service to people and to arrange the times of visits so that staff could assist people to appointments and outings in the community. This included visits to yoga classes and arts and craft sessions.

We asked the registered manager to tell us how staff would care for people who were ill and at the end of their life. We were told that the person would be supported to remain in their own home with the support of the appropriate healthcare teams. The service was also able to offer a night sitting service to allow the family to take a break from their caring role.

We asked people if they knew how to make a complaint if they were unhappy or worried about anything. People told us they had the telephone number of the office and would feel comfortable in discussing their concerns. One person said, "I have never had to complain, the service is very good". Another person said, "I would ring the office if need be, I have no worries".

We saw systems were in place to receive and deal with complaints. Information was available in the Service

User Guide explaining how to make a complaint if needed. No complaints had been made to the service or to CQC.

We saw a number of compliments that had been sent to the agency by people who used the service and their relatives. Comments included; "Thank you to all the carers at Orchid Home Care Support, you have all been amazing". Another said, "The carers are very good, they are always on time. They are like my family".

Is the service well-led?

Our findings

There was a registered manager in place. 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.

The registered manager had undertaken several accredited training courses including NVQ levels 2 and 3 in health and social care and is currently working towards a level 5 diploma in leadership for health and social care and had nine years' experience with domiciliary care services. The registered manager and the directors were present on the day of the inspection. People who used the service were complimentary about the management and the way the service was run. Comments included, "It's well organised, the manager and the office staff are very good".

We spoke with staff who said they felt the management were supportive. One member of staff told us, "The management and back office staff are always helpful and polite and willing to listen to concerns. There are procedures in place so one can address their concerns and quires to the manager who is always supportive and I believe very knowledgeable. Staff and management at Orchid run like one complete unit and if anyone has concerns it is very easily and quickly addressed. Being able to respond quickly allows Orchid to deliver a great 'A' star service to their clients".

People who used the service told us they thought the management team were very good. One person said, "Whenever I have rang the office the staff have been very helpful".

Before the inspection we contacted the local authority commissioning team to seek their views and opinions on how the service operated. There were no concerns raised.

We were told and records showed that team meetings were held on a regular basis. One member of staff told us, "Team meetings are done on a regular basis to keep us updated on performance and changes, along with new clients and updated training requirements. Being able to respond quickly allows Orchid to deliver a great 'A' star service to their clients".

We saw that the service had policies and procedures in place to support staff to carry out their roles effectively.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure people received safe, effective care and support. We were told and records showed that regular checks were undertaken on all aspects of the operation of the business. This included such things as care records, medication, accidents and incidents.

We saw that 'spot checks' of care staff were undertaken to observe their care and practice whilst providing support in people's home. This was to help ensure that people were receiving the right level of care.

We asked the registered manager how they sought feedback from people who used the service and their families. We saw that satisfaction surveys had been sent out to people for them to comment on the service. The results from the survey was positive. Senior staff also visited people at home to carry out reviews and to chat with people to see if they were happy with the care they received. This enabled the management to establish positive relationships and help improve the service and take any corrective action where required.