

Orchid Homecare Ltd

Orchid Homecare Ltd

Inspection report

Figaro House, Suite 15, Room A,
21-23 Mill Street
Bedford
Bedfordshire
MK40 3EU

Tel: 01234482483

Website: www.orchidadultcare.co.uk

Date of inspection visit:
27 January 2017
30 January 2017

Date of publication:
24 February 2017

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 January 2017 was announced.

This was the first comprehensive inspection carried out at Orchid Homecare Limited.

Orchid Homecare Limited is a domiciliary care agency providing a range of personal care and domestic support services for vulnerable people living in their own homes who may be unable to carry out these tasks for themselves. At the time of our inspection the service was providing personal care to 18 people.

The service had 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 and associated Regulations about how the service is run.

We found that where people's needs had changed, the care plans had not always been updated in a timely manner to reflect the changes. This meant that staff did not always have up to date information on how to fully meet people's needs.

Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. Systems were in place to ensure that medicines were managed safely.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People's needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to meet their needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

Staff were positive about the management and leadership at the service. A variety of audits were carried

out, which were used to drive continuous improvement.

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

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

The service followed robust procedures to recruit staff safely.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

The service was responsive

People's needs were assessed prior to them receiving a service.

People and their relatives were involved in decisions regarding their care and support needs.

People were provided with information on how to raise a concern or complaint.

Good ●

Is the service well-led?

The service was not always well-led

When people's needs changed, the care plans had not been updated in a timely manner to reflect the changes.

Staff were positive about the management and leadership at the service and felt supported in their roles.

There were quality assurance systems at the service to drive improvement.

Requires Improvement ●

Orchid Homecare Ltd

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.

This inspection took place on 27 January 2017 and was announced. We gave the service 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that records would be accessible to us.

The inspection was undertaken by one inspector.

Before the inspection we checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people using the service.

We spoke with six people who used the service and two relatives. We also spoke with two care workers and the registered manager.

We looked at five people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment and training files and two weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People using the service told us they felt safe when staff were in their home. One person said, "Yes the carers are lovely and I feel safe with them." A second person told us, "I really do feel safe. I don't think I could be safer." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "The carers are great with [name of relative]. They make sure she is safe and secure before they go."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training. I am aware of what abuse is and how to report it to [name of manager]." A second staff member commented, "I would go to [name of manager] if I thought someone was in danger. I know she would deal with it properly and I would be taken seriously."

We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition we saw there was a whistleblowing policy and poster in place that contained the names and contact numbers of the relevant people that staff could call if they had any concerns. We saw evidence that when required the registered manager submitted safeguarding alerts to the local safeguarding team to be investigated.

We were told by the registered manager that risk management plans were in place to promote people's safety and to maintain their independence. They explained that the tender company who provides Orchid Homecare Limited with their care packages, produces the risk assessments and these are kept in people's homes. However, there were no copies of these at the office and were not made available to us on the day of our inspection. The provider sent us the risk assessments following our inspection.

One person told us, "The carers do try to get me to do as much as I can for myself. They keep a close eye on me." A relative told us, "I think [name of relative] has risk assessments in place."

Staff spoke to us about risk assessments and why they were in place. One staff said, "I know about the risk assessments. They are there to keep people safe."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments had been reviewed to ensure the care being provided was still appropriate for each person.

We found that staff had been recruited safely into the service. One staff member said, "It was a very thorough process. No cutting corners at all." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use

care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "They arrive when they should and they stay for the right amount of time. I have never had a problem with the staffing." Another person told us, "its spot on. I get the same carers and I have never been let down." Relatives also confirmed there were sufficient staff and that their family members always received the care they needed. One commented, "I have peace of mind that the carers will turn up and stay with [name of relative] for as long as it takes."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely and told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "It is relaxed. If I need to spend more time with someone I just phone [name of manager] and she will organise things." A second staff member told us, "There is no pressure to get to people on time because we are given plenty of time in between calls."

The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. A relative said, "Yes, the staff help remind [name of relative] to take their tablets."

Staff told us they had received training in the safe handling and administration of medicines. One said, "Yes I have had medication training. It was very good and I learned a lot." We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People told us staff were sufficiently skilled and competent to meet their assessed needs. One person said, "The carers are very good and know what to do." A relative commented, "Yes the staff are well trained. They are very professional."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "I worked with [name of manager] when I first started until I felt sure I could do the work on my own."

We looked at the training records and found that staff received regular on-going training that was appropriate to their roles and the people they were supporting. We saw evidence that staff new to care as well as existing staff members were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

Staff told us they were appropriately matched to the people they were supporting and were aware of their needs. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us that they read people's care plans to ensure that care was delivered in a consistent manner.

The registered manager confirmed that staff were introduced to people before the care package commenced. From discussions with staff we found that they had a good understanding about the people they were supporting.

Staff told us they received regular supervision and spot checks of their performance. One staff member commented, "We get supervision with [name of manager] regularly. We can talk about anything, our training needs and the people we look after."

The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff told us they always asked people for their consent before assisting them with care and support. One

staff member said, "I will always ask [name of person using the service] what I can do and is she happy with that." Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person said, "They help me get my meals. They do give me a choice of meals and are very good at leaving me snacks and drinks." A relative commented, "I know I can trust the girls to provide [name of relative] with good food and she never goes without."

Staff told us they supported some people with their meals. One staff member said, "I do help people with their meals. Usually it's just a case of warming the meals up in a microwave. I try to give people what they want."

People's care records contained details of their dietary likes or dislikes. We found if people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have.

People were supported to maintain good health and to access health care services. One person said, "If [name of relative] can't take me to see the doctor I know the carers can help me. They are very obliging." We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. One staff member told us, "I would call the manager straight away if I thought someone was ill."

Records demonstrate that people's health needs were frequently monitored and discussed with them.

Is the service caring?

Our findings

We were told that staff were kind and compassionate. People using the service said, "My carers are very kind. We have some good chats and a good laugh. They treat me like I'm an adult." A relative commented, "The staff know [name of relative] well. We have a consistent staff team and they have built up relationships with [name of relative]."

Staff told us they knew the people they were caring for. They felt this was because there was consistency in the staff team. Staff said they were able to spend time getting to know people and knew their likes, dislikes and preferences. One staff member commented, "I know [name of person using the service] really well. We get on well and make each other laugh."

Staff were able to tell us about the individual needs of people using the service, including their preferences, personal history and how they wished to be supported. Records confirmed that there was consistency with the staff. This helped to ensure that staff got to know people and had a good understanding of their needs.

People using the service and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One relative said, "We were all involved from the start. They sent us a copy of the care plan. We made changes to it and then agreed it together."

Staff we spoke with confirmed that people were involved in making decisions about their care and support needs. The registered provider explained, "A full assessment was completed and they asked [name of service user] and family what they wanted. Then we typed up the assessment, care plan and risk assessments. We sent it to the family. They made their own changes until it was exactly how they wanted it. Then we all agreed it."

We saw evidence within the care plan we examined that the persons changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner.

People using the service and their relatives felt assured that information about them was treated confidentially and respected by staff. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We never chat or gossip about confidential things."

We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and respect. A relative said, "They are very respectful not just of [name of relative] but of the family also." Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

Records contained information for staff about how to provide personal care to the person while maintaining their privacy and dignity.

Is the service responsive?

Our findings

People told us that the care they received met their needs. One person said, "The care is just right for me. They came and sat with me before it started and asked me what I wanted, what times I would like; questions like that."

People and their relatives told us that were asked their views about how they wanted their support to be provided, for example, about their daily routine or whether they required support with meal preparation. A relative confirmed, "They came to the house and discussed what we wanted and how we wanted things to be done."

Staff told us that people and their relatives had been involved in any assessments that had been undertaken. These detailed people's likes and dislikes, preferred routines and any care needs that they required support with. Records detailed that people were consulted and able to tell the service what their needs were and how they wanted them to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests.

People's care and support plans were agreed by the person or their representative. People and relatives confirmed that they had been involved in these reviews. They told us that staff were flexible and gave them an opportunity to give feedback. They also said they were supported to make any suggestions they may have regarding the care and support provided to their family member.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. One person said, "I have never needed to make a complaint so far everything has been really good. I would ring the office." Another person said, "I have the phone number and email address for them and I can contact them whenever I need to. So far we have not had any problems."

Records confirmed that there was an effective complaints system in place that enabled improvements to be made. We saw that a system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

People and their relatives told us they were regularly asked to provide feedback on the quality of the care provided. One person said, "I was asked what we thought of the carers after our first few weeks." We found that people were supported to express their views about their support packages through reviews and annual surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to obtain people's views and monitor and improve the quality of the service provided.

Is the service well-led?

Our findings

Staff told us that care plans were not always updated swiftly when people's needs changed. They said, "Some of the care plans need updating because people have changed and so has their care." A second staff member said, "Changes are not made quickly to the care plans. They are out of date, some of them."

The registered manager told us that the tender company provided the care plans and updated them when people's needs changed. These were kept in people's homes and copies were kept in the offices for Orchid Homecare Limited. We looked at the care plans for six people using the service. They were specific to people as individuals and provided staff with information on how to meet people's individual needs.

However, we found that where people's needs changed, the care plans were not updated in a timely manner to reflect the changes. For example, we saw that the care plan for one person recorded they had a catheter in place. There was guidance for staff that described how they were to provide catheter care to meet the person's needs. However we were told by the registered manager that the person no longer had a catheter in situ. The care plan therefore did not reflect the persons current care needs. In a second care plan it was recorded that the physiotherapists would arrive in the morning to support the person out of bed. However the registered manager said the physiotherapists had not been supporting the person for "a few months" and the staff were undertaking this task. The care plan had not been updated to reflect these changes. This meant that staff had no guidance in place to support this person to get up in the morning.

This was a breach of regulation 17 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were positive about the care they received. One said, "I would describe my carers as first class. They provide me with very good care." Another person commented, "The manager is brilliant and a real stickler for making sure things are right. She makes sure her staff do the same." A relative told us, "We have been lucky to find such good carers. I feel I can relax."

People felt involved in their care and told us that their views were always valued and respected. They told us they regularly received visits and telephone calls from the registered manager seeking their views on the care they received from the service. One person said, "I know we can contact the office when we need to." We saw records which confirmed that people had been asked to provide feedback on the care they received. This information had been gathered through face to face visits and telephone calls. Comments showed that people were pleased with the care they received.

People felt that the registered manager and staff listened to their requests or suggestions and where possible they were always accommodated. One person said "I know I can contact them if I need to." The general consensus from people and their relatives was that they would recommend the service to others.

Staff told us the registered manager ensured the culture at the service was open and transparent and they were positive about the leadership of the service. One member of staff commented, "[Name of manager] is

really considerate of staff needs. She cares about us." Staff also told us that the registered manager was approachable and supportive of them. Staff felt that when they had issues they could raise them and said they would be listened to. One staff member commented, "I can go to [name of manager] about anything. She is very understanding but also acts professionally." All staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They confirmed that they understood their right to share any concerns about the care at the service.

Staff had regular opportunities to discuss their performance and share information about people's day to day needs with their colleagues. This was undertaken formally, during staff one to one supervision meetings.

The registered manager told us that she was aware of his responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager showed us that there was a system for monitoring the delivery of care which included regular internal audits such as care plans, risk assessments, staff training and staff recruitment records. The provider was committed to monitoring, reviewing and using quality assurance systems reflecting aims and outcomes for people that they supported in their own homes. The service welcomed feedback from everybody involved with the service and used this information to measure the success in meeting the aims and objectives of the organisation. This meant that the provider had successfully embedded a robust quality assurance and auditing system, whilst maintaining a dedicated staff team who wanted to provide people with high standards of care.

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 registered person had not ensured that care records had been consistently updated in a timely manner when people's care needs changed.