Highland Ornate Limited

Ornate Healthcare Services

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 31 May 2018. We gave the provider 24 hours' notice to ensure someone would be in the office to facilitate the inspection. The service had not yet been inspected since first registering with the Commission in March 2017. Although the service had been registered since March 2017 it had only began to take on care packages from October 2017 and at time of inspection had 12 people using its services.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At time of inspection 12 people across the Trafford area of Manchester received care and support from the service.

At time of inspection there was a registered manager in post. 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. A manager had been registered with the CQC since March 2017.

As part of the services registration conditions it is required to have a registered manager employed to oversee the day to day running of the service. 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. A manager had been registered with the CQC since March 2017.

People expressed satisfaction with the service provided and spoke very highly of the staff that supported them. People told us they felt safe and staff left their properties secure on leaving. People also told us staff offered choice and always gained consent prior to carrying out any care task.

Recruitment processes were in place to ensure satisfactory information was obtained about each new staff member's suitability to the role. This included relevant character and health checks and any known offending behaviours.

The service had a range of policies and procedures in place which enabled the service to be compliant with the commission's regulations and governmental guidance.

Risk assessments to manage identified risks associated with daily living and also recognise individual risk taking, were in place in each person's file we looked at. Environmental risk assessments were also completed for both internal and external areas.

People we spoke with felt staff had the right skills and knowledge to support them. Training processes were in place and staff received a period of induction before being assessed as competent to carry out the caring

role.

People using the service were confident about raising any concerns with management and that issues raised would be dealt with promptly.

The registered manager had systems in place to monitor safety and quality across all aspects of the service which included feedback from people using the service.

Medicines training was provided and people told us they received their medicines safely.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service.

Positive feedback was received from people who used the service and staff about the management structure. People told us they were able to ask for assistance from the management team when required.

Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection.

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's care files contained evidence around the management of assessed risk.

There was a safe system of recruitment in place to ensure staff were of suitable character.

There was sufficient staff on duty to meet people's needs.

Staff were trained in safeguarding and were aware of how to identify and respond to allegations and signs of abuse.

Is the service effective?

Good

The service was effective.

Staff working at the service had received relevant training to support them in their role.

Staff gained people's consent before carrying out tasks.

Staff received oversight and support from the manager.

Is the service caring?

Good

The service was caring.

All the people we spoke with were positive about the staff and the care and support they received.

The staff and manager knew people well. People told us they were provided with support in a caring, patient and unhurried way.

People told us they were treated with dignity and respect by the staff that cared for them.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and reflected their preferences.

Records were maintained regarding people's care.

Appropriate systems were in place to monitor and respond to complaints.

Is the service well-led?

Good

The service was well-led

Feedback about management and leadership was positive.

Audit structures were in place to monitor service provision.

Ornate Healthcare 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.

This inspection was carried out to ensure people living in their own homes received safe and appropriate care assessed to their individual needs.

This inspection was carried out on the 31 May at the services office. We gave the provider 48 hours' notice prior to the inspection. This was to ensure somebody would be present at the office during the inspection day. A second day of inspection was spent contacting people using the service and staff members via telephone.
The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

As part of our inspection planning we reviewed all the information we held about the service. This included any public concerns or notifications sent to us by the service including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

At the time of the inspection there were 12 people receiving a service. Over the two days of inspection we spoke with the deputy manager, three staff members, three people using the service and their relatives.

We viewed records relating to the running of service and the care of people who used its services. This included five care plans and six staff personnel files, medicines records and service audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person stated, "I am very safe, even more now the girls come to visit me." Similarly people's relatives told us they felt reassured their family members were receiving care and support which enabled them to live fulfilled lives and remain in their own homes.

Safeguarding systems were in place and these were supported by the services safeguarding policies and procedures. Staff were aware of these processes and we noted the service had a designated file in the office to ensure an audit trail for any concern was kept. We noted one safeguarding concern had been raised in the past 12 months. We were able to determine this had been referred to the relevant agencies, as per procedure. Procedures for reporting accidents and incidents were also in place. The deputy manager told us there had been no incident recorded to date.

People had appropriate risk assessments in their care files. We saw risk assessments covered the environmental and physical aspects of each person's home. This ensured any hazards to the person themselves and the staff member providing support had been identified. Additional risk assessments were seen in relation to moving and handling and medicines management. We found risk assessments had been reviewed as required and in response to the changing needs of the person who used the service. The deputy manager told us the service did not support any person who required risk assessments in other areas such as nutrition or challenging behaviour, but assured us these risks would be identified and assessed should this be required.

Processes were in place to monitor staffing levels. The service had seven staff at the time of inspection. The deputy manager informed us the agency was still in its infancy and they would recruit additional staff as it began to take on more care packages. They were very clear in stating the experience of the people using the service was paramount, therefore expanding the service would be a slow process. People we spoke with confirmed the service they received was, "Second to none" and never felt rushed with their daily visit. One person added, "The girls will sit with me and talk. They know I don't get any visitors so they make the special effort when they come to spend time with me."

We looked at five staff recruitment files. Staff were recruited safely, with appropriate checks on character and suitability to the post considered. This included, appropriate Police checks, application documents with proof of employment history and health questionnaires. All staff were provided with an identity card that remained the property of the company. These were required to be returned when staff left.

At time of inspection no staff member had been subject to disciplinary action, however we were able to determine processes where in place should this be required.

Business continuity plans were in place. The plan outlined the general procedures to be undertaken in the event of a business interruption affecting any area of the agency's activities. Each staff member was made aware of this at induction.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure people who used the service were safe. There was an appropriate and up to date medicines administration policy in use. The deputy manager told us most people using the service were self-managing with their medicines. We asked people if they felt supported with this area and all said yes. We viewed medicines administration records. We noted some instances where staff had failed to sign the MAR to confirm medicines had been administered. The deputy manager told us this was something they were addressing and although there were gaps it had been concluded that no person had missed their medicines.

Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection. Care plans included details for staff to follow best practice for the safe disposal of continence products.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff had the right skills and knowledge to support them. People spoke very highly of their care workers, commenting they knew their jobs well and felt they were well trained.

We looked at how the provider trained and supported their staff. We found staff had received training to help them meet people's needs effectively. All staff had completed induction training when they started work with the agency. This included an introduction to the agency's policies and essential training such as safeguarding vulnerable adults, moving and handling, medication and health and safety. Records showed staff were required to demonstrate their competence throughout their induction by being observed carrying out tasks. Staff confirmed they had received training as part of their induction and had been required to complete a period of shadowing.

We noted supervision sessions had been planned, however no staff supervision had been carried out at time of inspection. This was because each staff member had been newly recruited therefore had recently been subject to an induction.

Communication was reported to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed, this was confirmed by the people we spoke with The service used an electronic system to communicate with each other. The deputy manager added, "Because we are a small service this works well." People told us they had a care file in their homes which contained contact information for external agencies, such as the local authority, just in case they needed to contact them. The complaint procedure was also included.

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. 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. At the time of our inspection we found that the provider was working within the principles of the MCA.

Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. Discussions with staff identified that they had received training in respect of The Mental Capacity Act and The Deprivation of Liberty Safeguards and had knowledge and understanding of the processes involved.

People told us staff always gained consent before carrying out tasks. One person stated, "They ask me everything, from what I would like them to do to how I would like it done. They are great, very considerate." People had signed their care plan's to consent to their care and treatment.

We spoke with people who used the service about how the service supported them to maintain good health.

People told us they were happy to discuss their health care needs with their care workers and any concerns they may have about their health. People told us they felt supported if they were not well. They could always ring the office and ask for support or advice and it was given. One family member told us how the service had supported their [family member] to a hospital appointment.
People also told us staff would support with meal preparation and ensure drinks were left when requested. Each person we spoke with told us they were able to deal with their own nutritional requirements therefore did not rely on the staff to ensure they had adequate nutritional intake.

Good

Is the service caring?

Our findings

During discussions we had with people who used the service we received some excellent comments about the approach of care workers. People described staff with words such as, "Excellent," "Brilliant," Professional" and "Attentive."

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected.

We also looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the care planning process.

People told us staff entered their home in the agreed way and they were respectful of their belongings. Spot checks had been carried out to ensure staff were following best practice. We looked at records of these spot checks and noted comments included how well staff conducted themselves and had interacted with people they were supporting.

People told us they felt listened to and had their wishes and feelings met. One person told us how they had had a bad experience with their previous care provider, however due to their experience with Ornate, including being treated with dignity and respect; they had begun to trust in the system again.

People told us they had the same carers visiting them each day. People understood that when regular carers were absent such as when on holiday, this meant a different carer might visit. If a new staff member started work they were usually accompanied by a regular staff member.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Good

Is the service responsive?

Our findings

People told us staff listened to their requests. People also told us they received a service that was responsive to their needs.
We asked people if they were involved in deciding how they wanted their carers to support them. They told us before they had any service provided, they had been able to discuss what they wanted and what to expect from the service. People added that the manager had visited them and asked questions, such as what time they needed a visit and what was important to them when carers were in their home.

We also asked people, if they wanted to make any changes was this easy and accommodated by the agency. We were told, "I can ring the office any time. [Managers name] is fantastic and very accommodating." People told us they were provided with information about the service they received and informed they had a file in their houses with information they could refer to. Information was shared with people in a way which met their individual requirements for example large print would be available if required or face to face verbal communication if that was the person's preferred communication method.

Staff gave examples of ensuring people were treated fairly and their lifestyle choices honoured at all times. In addition to this staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences in a person centred way.

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected. Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences in a person centred way.

Pre-assessments were undertaken prior to a new care packages being accepted. The service was open and honest about the level of care they were able to provide. The assessment looked at areas of the person's specific needs such as their wishes and feelings, historical and current risk factors and the person's aims and goals. In addition to this the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The LA support plan would be used to influence the services decision around whether they could meet the person's needs effectively and, along with input from the person and their relatives, informed the completion of the care plan.

Because the service was still in its infancy people had not needed a full care plan review. However people and their relatives were confident they would be part of the review once it was required. We were however able to ascertain one person's circumstances had changed which had led to a change in the care they required. This person along with their family member had been involved as part of this change and were very happy with the outcome.

We asked people using the service if the care plans in their homes were current and up to date. Each person

confirmed they were. People's care plans gave a flavour of the person's likes and dislikes. In addition to this people had a support plan which had been created by the local authority. We saw daily reports completed by care staff; these provided evidence people had received care and support in line with their preferences. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

We found the service had systems in place for the recording, investigating and taking action in response to complaints. There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was included in the service user guide and provided people with an overview of the processes the agency would take to deal with their complaint. The manager informed no formal complaints had been received to date. We did see one informal complaint which was recorded in full and resolved in a timely manner.

Ornate is a domiciliary service, therefore do not provide direct end of life care to a person in their own home, however would be supported by external professionals, such as district nurses and general practitioners (GP's) to ensure familiarity and continuity for the person should they wish to remain at home.

Good

Is the service well-led?

Our findings

People we spoke with told us they knew who to contact at the agency if they needed to and were confident the deputy or registered manager would address any concerns they raised. One person said, "Oh they bend over backwards for me, they are just great. I have had bad experiences with other care agencies but this is definitely the best by far."

There was a manager in post who had been registered with the commission. The registered manager had responsibility for the day to day operation of the agency. They were supported in their role by a deputy manager. However we were told that the deputy manager had now taken over the running of the service and had submitted an application to become registered by the commission.

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires, telephone contact and face to face meetings. Audits were also in place to monitor service provision. The manager told us audits were still being developed to ensure a streamlined approach and larger oversight of overall service delivery. At time of inspection audits currently in use covered call monitoring and care documentation, staff files and staff conduct.

The manager told us they had an 'open door' policy encouraging communication, transparency and a positive working culture between each other. The manager also informed us they were very much part of the care team and would utilise part of their day by transporting care staff around who did not hold a driving licence. They informed us they had regular discussions with care staff about people they supported and also frequently covered visits themselves. This was seen as an opportunity for people to raise any concerns or make comments in an informal way. They also had regular contact with people's relatives and all activity and telephone calls were documented to make sure any information received was not overlooked.

The service had a wide range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. Policies included, manual handling, meal planning, medicines, mental capacity, person centred care, safeguarding, health and safety, whistleblowing and human rights. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles, what was expected of them and that failure to follow this would result in disciplinary action.

Staff had also been provided with job descriptions, contracts of employment and the employee handbook, which outlined their roles, responsibilities and duty of care. Electric monitoring was used which meant the manager could monitor whether staff were meeting their obligations by attending to people at the agreed time. The manager explained an alert would show if staff missed a visit. This enabled them to take relevant action. The registered manager said sometimes staff forget to 'log in' but this was being monitored and staff were being called to account about this.

A staff meeting had been held at the beginning of May, topics for discussion included, uniform requirements,

code of conduct, recruitment and safeguarding awareness. Good and bad practice examples were also covered. Staff we spoke with told us this meeting was useful and informative. A date for the second meeting had been arranged.